

THE IMPORTANCE OF FINDING ONE'S VOICE
RATHER THAN, SELF-SILENCING AND EATING DISORDERS

By

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Abstract of Dissertation Presented to the Graduate School of the University of Florida in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy

**THE IMPORTANCE OF FINDING ONE'S VOICE:
FATHER HUNGER, SELF-SILENCING, EATING DISORDERS**

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This research examined the relationship between father hunger and eating disorders in collegiate women. Father hunger can be defined as the persistent desire for emotional connection with the father. The father hunger construct has been studied for many years, but without benefit of an empirically-derived measure of the construct. Study 1 was conducted to create such a measure. Study 2 used the measure to assess whether, as has been previously theorized, there is a significant relationship between father hunger and disordered eating. Moreover, Study 2 evaluated whether such a relationship, if found to be statistically significant, is mediated by self-silencing. Although theorists have proposed a relationship between father hunger and eating disorders, they have not posited a mechanism by which father hunger might be associated with disordered eating. Self-silencing, which may be defined as the degree of self-loss in a relationship, is potentially

our study mechanism. Participants for both studies were drawn from undergraduate psychology classes. Study 1 resulted in what appears at this point to be a valid measure of the construct of father hunger. In Study 2 participants responded to a questionnaire comprised of measures to assess father-hunger, self-silencing, and disordered eating. Study 2's results provided only partial support for the hypotheses. Hypothesis 1 predicted a positive relationship between levels of father hunger and self-silencing. No evidence was found for this prediction. Hypothesis 2 predicted a positive relationship between self-silencing behavior and disordered eating. Results provided evidence for this hypothesis, consistent with the empirical literature. Hypothesis 3, which predicted that for women, the relationship between father hunger and eating disorders would be significantly reduced when self-silencing was statistically controlled, was not supported. Finally, in contrast to published research, no evidence was found to support the relationship between father hunger and disordered eating.

CHAPTER 1 INTRODUCTION

Since the inception of attachment theory in the 1950s, psychologists have been researching the impact of a child's relationship with his/her primary caregiver (usually the mother) on self-development. Numerous studies have shown that insecure attachment styles are related to higher incidences of interpersonal and psychological problems (Collins, 1996; Feeney & Noller, 1990; Shaver & Brennan, 1992). Hazen and Shaver (1987) showed that a person's primary attachment relationship (infant/primary caregiver) serves as a model for future romantic relationships. The attachment research focuses on the relationships of the child with the primary caregiver to the exclusion of other early relationships. What seems to have been missing in the research is the role of the non-primary caregiver (usually the father) and the potential impact that fathers have on their children's development.

Over the past two decades, various authors have sought to address the issue of emotionally, physically, and/or psychologically absent fathers. Some research in this area has examined transgenerational patterns that develop from father loss (Jellison, 1990); effects on the development of masculinity in boys and femininity in girls (Miller, 1972; Hetherington, 1986; Haring, 1981; Kay, 1980; Lake-Legg, Menden, & Ramey, 1988); effects on academic achievement and performance (Hanson & Ellis, 1971); effects on moral development (McElreath, 1971); effects on the development of self-esteem and

individuality (Pincus, 1995), and effects of parent factors on the development and treatment of psychological disorders (Cummings & Emery, 1992; Lewis, 1994; Lewis, 1995; Ratt, 1995). This evidence supports the important role of fathers in the development of both male and female children (Ainsworth & Gilbreth, 1999; Baker, 1974; Davies, 1993; Lamb, 1997; Pincus, 1995, 1999; Rutter, 1988, and Sharpe, 1994).

Father hunger is defined as a deep, persistent desire for emotional connection with the father that is experienced by all children (Maine, 1991, p. 2). When this need for connection is met, children benefit by becoming strong, secure, and confident. If the psychological support is unavailable, it can lead to self-doubt, depression, and anxiety. For women, father hunger often "translates into conflict about food and weight" (Pincus, 1999, p. 23). Through her clinical work, Maine identified the construct of father hunger as unrealistic body image, yo-yo dieting, food fears, and disordered eating patterns. Her research, relating father hunger and eating disorders, indicating an intervening construct, the mechanism by which father hunger leads to eating disorders (1991). The current study proposed that one process by which disordered eating could develop is self-blaming, a measure of self-love in the context of a relationship.

Father hunger often manifests itself as a need for attention and connection. Father hunger creates an emptiness which needs to be addressed by the child. If this void is not addressed the individual may develop problems including depression, alcohol and drug abuse, aggression, food issues, hypermasculinity, and self-mutilation (Ainsworth & Gilbreth, 1999; Erickson, 1998; Lamb, 1997, and Pincus, 1999). What then is different about the children (mostly females) who develop eating disorders? One potential explanation is self-blaming. A daughter who responds to father hunger by self-blaming exhibits a total

reference to the father. From her frame of reference, it is imperative to believe in a master that will not be offensive to the father. The key to reducing the emptiness is to ensure a connection with the father. The search for "good" behavior can lead to the "perfect daughter" mentality. The child spends all of her time trying to do the "right things," or at its least figure out the "right" way to act to achieve just the father's attention and approval. Excessive self-monitoring and self-censoring, which are the result of the desire to connect with the dad, are often mislabeled as self-aligning behavior. What the girl wants and needs becomes secondary to what she feels will make her acceptable to the father.

Shayne (1996) provides an anecdotal example of this submission to the father:

Even as a grown woman of twenty-eight, I find myself monitoring myself and trying really hard to be a person that he can be proud of. I notice a change in myself when I'm near dad and a strong need to show him what I can do, have achieved and aspire to. I know through therapy that I feel a deep loss because he wasn't able to tell me he was proud of me or that he loved me. Another way dad affected me is in the way I make decisions. I often try to please everyone so I don't what I need. I think this is to do with his not acknowledging my achievements and me wanting to much to please him. . . (p. 11)

Further problems arise when the self-aligning behavior is not enough to fill the void or to guarantee the desired relationship with the father. The future is established and maintains the relationship with the father, confused with the process of self-loss, only serves to make the father feeling a more powerful force.

As self-aligning behavior and the corresponding thought processes emerge, the child loses more and more of her individual identity. In order to gain control in some mode of life, many young women begin to engage in disordered eating (while young men also engage in disordered eating, given the lack of reported cases, the current study will focus on females with regard to eating disorders). The thought process, both on a conscious and

conscious level, evolves from that of making situation from bad to goodly. "If only I am thin enough, then I will be loved." Restriction can be seen as extreme self-restraining through a drive for perfection, attention, and control. The diet mentality is powerfully reinforced by society, which sends the message that, "You can never be too rich or too thin." Once the individual begins restricting food intake, the body initiates the starvation by trying to get food. The other path is binge-eating behavior. The diet rules during a binge can be used to fill the hole or to help the individual to "wash out" the pain of perceived rejection and self-worth. The secret needs for acceptance and attention compacted by the drive perfection create a mind set conducive to the development of self-driven eating disorders (Pipher, 1991). The individual expresses her hunger for attention and approval (often identified retrospectively as subconscious urges) by denying herself of necessary physical nourishment. Thus, self-restraining can be one mechanism by which either hunger can lead to eating disorders.

Jack (1981) defined self-restraining as a measure of self-loss in the context of a relationship. She has indicated that, "Woman's vulnerability does not lie in their dependence on relationships but in what happens to them within their relationships" (p. 21). Dene and Hirschman (1987) showed that self-restraining behavior was a stronger predictor of both men's and women's depression than was relationship loss or a combination of self and relationship loss. There was no interaction between gender and self-loss, thus demonstrating that self-restraining is detrimental to both men and women; however, it is more serious for women to inhibit self-restraining behavior (Dene & Hirschman, 1987). These findings encourage us to reassess the importance of intimate relationships for women. The natural follow-up question then becomes what stands in

intended to silence the self, creating selfless and dysfunction. In fact, a book (1987), *Silencing the Self*, she posited that mothers teach their daughters to silence themselves and to relate to men in a compliant manner. Women reported memories of their mothers' self-depressing behavior as well as their fathers' depressing behavior towards their mothers. Women/girls who identify with such a mother tend to internalize the beliefs and messages sent by the parents, which can lead these women/girls to be self-critical and vulnerable to low self-esteem (Jack, 1994). Mann (1991) discussed the importance of the socialization of men versus women and the impact that it has upon a father's ability to relate to his daughter in a psychologically meaningful way. Men are encouraged to separate from others, to please themselves, and to be independent (Tallapo, 1977). Women are given the message that they should please others at their own expense because it "groom[s] the deeply feared bond with others" (Johnson, 1991, p. 37). Jean Baker Miller stated that "Women's sense of self becomes very much organized around being able to make and then sustain alliances and relationships" (Miller, 1994, p. 84). When the desired relationship with father is not available, little girls learn to do whatever they need to do in order to please their father or at the least to gain his attention. Pleasing the father often includes silencing the parts of self that father would not agree with or approve of, for fear of rejection. This silencing can take many forms, such as hiding or showing one's body in hopes of gaining attention/approval from the father and, eventually, the romantic partner (Connors, 1998). Silencing behavior can influence future relationships with the opposite gender, and as research has suggested, can be detrimental to an individual's psychological well-being (Dane & Benetech, 1997).

In order to measure father hunger and its potential impact on children's lives, it is first important to be able to measure the construct. Prior to this study, there was no measure of father hunger in the literature. Therefore, the first part of this dissertation involved constructing and validating a measure of father hunger. Following the construction of the Father Hunger Scale, Study 1 assessed the hypothesized connection between father hunger, self-cleansing, and eating disorders. There were three hypotheses examined for this dissertation.

Study 1

- (1) Individuals, both male and female, whose fathers were self-perceived to be psychologically illmenet, would report higher scores on the Father Hunger Scale than individuals whose fathers were not self-perceived to be psychologically illmenet.

Study 2

- (1) Males and females who reported father hunger as measured by the Father Hunger Scale would show a higher reported incidence of self-cleansing as measured by the Sclerog The Self Scale, than individuals who did not report father hunger.
- (2) Women who exhibited self-cleansing behavior as measured by the Sclerog The Self Scale would have a higher incidence of disordered eating, as measured by the Eating Disorders Inventory, than women who did not exhibit self-cleansing behavior.

- (3) For women, the relationship between father hunger (Father Hunger Scale scores) and eating disorders (Eating Disorder Inventory scores) would be significantly less when self-efficacy is statistically controlled

CHAPTER II REVIEW OF THE LITERATURE

The following four categories of research were identified for the literature review (a) the importance of including fathers in psychological research regarding children, (b) the history of father's involvement in childbearing, (c) the observed effects of paternal presence on child development, (d) and paternal absence or father hunger and its potential impact on child development.

Why Focus on Fathers?

"Mother Blaming" is the tendency for professionals and laypersons to blame mothers for children's problems. Historically, psychological research has focused on the mother-child and mother-child bond and the consequences of these bonds on child development. Inadvertently the lack of research on fathers and their involvement with their children has served to diminish the importance of fathers in child development.

Mothers have been cited as the cause of numerous psychological disorders in their children over the past century. Margaret Mahler suggested that mothers were the cause of childhood autism resulting from a maladaptive state of symbiosis between the mother and the child (1942). Frodo Fromm-Reichmann argued that schizophrenia was the result of a "schizophrenogenic mother" who was cold and domineering (1948). More recently, Kim Chesser (1997) and others have written about mothers' responsibility and involvement in

the development and maintenance of eating disorders (Erlson, 1984; Minton, 1994; Plante, 1999).

Mother-blaming exists in multiple arenas such as: psychological theories, including those developed by Freud, Mahler, Fromm-Reichman, and Bowlby; clinical research which is often based upon the aforementioned theories, clinical and therapeutic treatments; and sociocultural environments (Plante, 1999). There are a number of possible explanations for the tendency to blame mothers. For example, "maternal instinct," suggests that mothers are innately better than fathers at caring for their children and are, therefore, responsible for both good and bad behaviors exhibited by their children (Plante, 1999). Another possible explanation for mother-blaming is the good mother vs. bad mother dichotomy. Based on unrealistic expectations, the "good" mother is seen as not able to fill all the needs of her children at all times. She is able to provide nurturance and is able to fulfill her role as a mother without effort. The "bad" mother is too concerned with her own needs, she ignores her child's needs and is unaware of the pain that she is inflicting upon her child as a result of her inability to provide proper nurturance and unconditional love and acceptance. However, research has shown that both the concept of maternal instinct and the good/bad mother dichotomy are invalid explanations. The idea of maternal instinct has initially been discarded for over 70 years (Rand, 1923; Mahler, 1973; Watson, 1924). The definitions of good and bad mothering have changed drastically throughout time. What was once accepted and valued behavior for mothers (e.g., allowing weak infants to die) would lead to legal implications and social disapproval today. Bernard (1979) noted that mothers are put in a no-win situation when it comes to being a "good" mother. For example, if a mother is overprotective and possessive she is seen as

misogynist. However, if she is independent from her children and does not rely on them constantly, she is also seen as less than adequate.

The father's role in child development both positive and negative has been almost absent from the research historically, just as the father is frequently absent from the child's day-to-day reality. However, over the past two decades research on fathers has begun to emerge. This change was seen as the result of a number of factors including the changing role of fathers, the woman's movement, the diversity of family structures, and the realization that there is a qualitative difference between mothering and fathering. David Blankenhorn and David Popenoe, prominent sociologists, have stated that "fatherlessness is the most harmful demographic trend of the generation. It is the leading cause of declining child well-being in our society. It is also the engine driving our most urgent social problems. If this trend continues, fatherlessness is likely to change the shape of our society" (cited in Erickson, 1998, p. 46). Statements such as this provide support for the necessity of focusing on fathers and the part that they play in child development.

The Changing Role of Fathers

A series of historical events has changed the role of fathers in our society.

Historical records suggest that until the 17th century, fathers were important figures in their children's daily lives and were well considered to be the primary parent. "The fundamental reason that fathers were primary parents was that fathers legally owned all of the household property and children were a form of property" (Charlin, 1998, p. 46). At the turn of the century, the average family included a father whose responsibility was to provide a concrete role model for his sons. Whether providing affection or not, fathers did

this time provided an example of what it was to be a man and male children followed that model.

Beginning in 1917 and again in 1941, millions of American men went to war for as long as four years. When they returned, their children were grown up and society had changed (Marian, 1992). After 1945 the nature of work changed for many men. The ideal living situation included a house in the suburbs rather than an apartment in the city close to work. This meant that fathers had to work and commute, thus spending more time away from home. Men were not expected to play a part in "household events" such as child-rearing. Weekends and leisure time were typically spent with other men. In addition to spending less time at home, the jobs that fathers were held were remote and abstract. Male children could not identify with or be a part of fathers' work as they had been in the past, and were living their male role models.

In the 1950s a consensus emerged in society concerning the role of fathers. Men were the instrumental leaders in their families. They were responsible for providing economic support, discipline, moral status, and a model of employment and achievement (Kosloski, 1998). Mothers were seen as the socioemotional leaders of the family and as such were responsible for domestic chores, children, and meeting the emotional needs of the family members. This instrumentality of the father was the cultural ideal (Parsons & Bales, 1955). During the past 50 years, the consensus about fatherhood and traditional families has changed. The economic recession in the 1970s and 1980s increased unemployment, and reduced men's wages, thus making it more difficult for fathers to provide for their families as they had done in the past. At this point, mothers moved into the work force to supplement the economic earnings of fathers. As women's education, a decline

in family men, and a new ideology of gender equity facilitated women's movement into the workforce (Auer, 1998). As dual-family incomes became more of a norm, the division of labor between men and women also started to change. As mothers took on various responsibilities of fathers, it seemed as though fathers should take on some of the responsibilities of mothers. The popular opinion in the 1980s was that fathers should be more involved with the children to relieve some of the burden from the mothers, and also to add to the well-being of the children (Silverstein, 1994). In addition to women's entrance into the workforce, the family structure has also undergone significant changes.

Currently there is a greater diversity in family configurations than at any other time. The "traditional family," which included a father who was the breadwinner and a mother who took care of the children and the home, comprises less than seven percent of the families in the United States (Phares, 1999). It is more common today to find dual-income families, single-parent households, and stepfamilies. The changes in the family system are affecting children in the quantity of time spent with both parents. Despite the rising awareness of the fathers' importance in the family system, the rise in consciousness and "keeping up with the Joneses" has fathers (and mothers) spending even more time away from home. Strong & DeWalt (1982) found that in 1971 fathers interacted with their infants an average of 23.7 minutes per day. Strong & DeWalt (1982) showed in 1981 fathers averaged eight minutes per day with their children on weekdays and thirteen minutes per day on weekends.

Given the amount of time that fathers are reported to be spending in direct contact with their children, whether because of "multitasking/parenting," separation, or divorce, it seems that there is a lack of involvement of fathers in their children's lives. In comparison

to mothers, fathers are spending only a fraction of their time interacting with their children. Recent research has analysed the impact of this absence on children. Aries and Gelfand (1994) conducted a meta-analysis of 43 studies looking at the impact of fathers' involvement on children's well-being, development, and attainment. Results showed that quality not just quantity of interaction was the key to children's well-being. This study demonstrated that the most consistent predictor of academic achievement, externalisation of problems, and internalisation of problems was perceived closeness of the relationship with the father. The amount of time spent together was less important than the quality of the interaction and the style of parenting that fathers used when with their children (authoritative parenting seemed to be most strongly associated with positive mental health). In general, parents who are responsive to their child's needs, who encourage the child to interact with other people, who support the child's independence, who are warm, and who pay attention to the child while interacting with him or her tend to have children who are well-adjusted. For both fathers and mothers, the quality of interaction is more important than the quantity of interactions when considering a child's mental health (Peters, 1999).

Effects of Paternal Presence on Children's Wellbeing

Much of the research conducted to date has focused on father absence and the impact that it has on children. Before discussing the negative implications of fathers' involvement (or lack thereof), it is important to highlight the ways in which fathers can, and do, contribute to their children's development and psychological well-being. According to Prout (1993), "a paternal presence in the life of a child is revealed in the child emotionally and physically" (pp. 34-35). Research has demonstrated a consistent

positive association between fathers' involvement and children's gender socialization (Lamb, 1975; Radin, 1984; Sharpe, 1994), cognitive development and academic achievement (Aries & Gilbreth, 1999; Johnson, 1995; Lamb, 1991; Radin, 1986; Phares, 1994), and moral development (Hoffman, 1976; Kohlberg, 1963; Lamb, 1981). Additional research has also implicated fathers in the development of social competence (Aries & Gilbreth, 1999; Buchanan, Maccoby, & Dornbusch, 1996; Erikson, 1998; Radin, 1986; Rueter & Miller, 1971), and personal adjustment (Henderson, 1973; Johnson, 1988; Lamb, 1981; Sharpe, 1999; Taylor, 1983).

Gender Socialization

One of the most consistent findings in the research on paternal influences on development has been that of gender socialization for both boys and girls (Maccoby & Jacklin, 1974; Phares, 1994; Prout, 1987; Williams, Radin, & Altepeter, 1997). Gender role socialization is defined as the extent to which an individual exhibits behaviors and attitudes that are consistent with societal expectations for that gender (Phares, 1994). Gender role socialization is one of the areas in which evidence has shown that mothers and fathers treat their children qualitatively differently (Aries, 1988). Fathers tend to be more restrictive with regard to gender roles, especially with their sons (Radin, 1986). Maccoby and Jacklin (1974) also reported that fathers use specific masculine and feminine language with their children in order to clarify gender roles. Brunstein (1984) argued that fathers influence gender role development both directly and indirectly. Directly, fathers communicate cultural norms (e.g., teach son to drive a tractor and teach daughter to sew), reinforce appropriate gender role behaviors (e.g., praise son for not crying and praise daughter for being quiet and ladylike), and structure the environment in such a way as to

support current gender roles (e.g., provide toys and engage household chores according to gender roles). Indirectly, the way fathers interact with their children (i.e., how much time they spend with each child and what they do during the time they spend together) and how they model gender based behaviors also have a strong impact on children's gender role internalization.

Research has shown that there is a significant association between fathers' and son's masculinity only when there is warmth and nurturance in the relationship. Paternal masculinity is also associated with femininity in daughters, with increasing femininity being displayed when the father is characterized as warm, nurturant, and involved in the child's life (Phares, 1990). Lamb argued that the association between a father's masculinity and a daughter's femininity is evidence for the complementary role learning perspective (1981). In general, fathers who are highly involved, nurturant, and warm have a greater impact on their children's gender role socialization than fathers who are distant (Lamb, 1981). Maccoby & Jacklin, 1974; Phares, 1986-1989; Peart, 1983; Williams, Rader, Allgeier, 1982). Regardless of the debate over the value of gender role socialization, it is clearly one area in which a father's presence and involvement influences a child's development.

Cognitive Development and Academic Achievement

Fathers' presence and active involvement in their children's lives have also been shown to positively impact cognitive development and academic achievement (Amato & Gilbreth, 1999; Johnson, 1984; Lamb, 1971, 1981; Phares, 1986-1989; Rader, 1982). The nature of paternal influence on cognitive development differs for boys and girls. The differences can be seen in both the pattern and strength of the association between paternal involvement and cognitive development/academic achievement.

When fathers show higher levels of nurturing behavior toward their sons and when fathers encourage sons to master each task, the sons develop stronger cognitive and intellectual skills, especially in the social ability to analyze situations and to think critically (Phares, 1998). Research has shown that sons whose fathers are described as pressing, helpful, and kind, score higher on intelligence tests and measures of verbal ability (Phares, 1998). In a meta-analysis of 43 studies focusing on fathers' influence on child well-being, results confirmed that paternal closeness and authoritative parenting style were positively associated with children's academic achievement (Amato & Gilbreth, 1999). Research has shown that boys tended to model fathers who were seen as highly nurtured. The boys' intellectual problem solving and cognitive skills demonstrated by such fathers. In addition, there was a positive correlation between interest level in parenting and academic success for boys (Radin, 1944).

The connection between paternal involvement and female cognitive development is more complicated than it is for male cognitive development. Fathers who show greater interest in their daughters' academic activities tend to have daughters with higher levels of intellectual and academic functioning, but some degree of autonomy and distance between the father and daughter seems to be advantageous for daughters' intellectual development (Johnson, 1984; Phares, 1998; Radin, 1943). For daughters, fathers who are warm and nurturing are not enough to enhance cognitive development or academic achievement. Fathers who accept their daughters' femininity, encourage academic involvement, and expect persistence and competence in the academic arena, have a greater positive impact on their daughters' academic performance and cognitive development (Johnson, 1988; Lamb, 1984; Radin, 1944).

Moral Development

Researcher (1985) and other child-development scholars agree that fathers play a primary role in children's moral development. Kohlberg (1983) suggests that, "the father seems to be more important, or at least as important, as the mother in the moral development of the child and that this appears to be because of the natural tendencies for the father to be perceived as an authority figure" (p. 389). While there are theoretical debates about the major influence on moral development (parents vs. peers), empirical research has shown that fathers who felt positive about childrearing had sons who identified more strongly with them and displayed an internalization of morality (Hoffman, 1975). Weinbach (1978) reported that moral judgement in girls is also related to identification with fathers. The research in the area of moral development and paternal influence has been examined more thoroughly in terms of father absence, however, there is some support for the positive impact that fathers have on the moral development for both their sons and their daughters.

Social Competence

Social competence, or competence in interactions with others, is another area for which there is evidence of powerful paternal influence on children. Similar to cognitive development, there is evidence of gender-related differences regarding paternal influence on social competence (Rader, 1982). Various researchers have shown an association between positive father-child relationships and the development of social competence (Hanson, 1977; Lurie, 1981; Mackay, 1978; Parke, 1981; Rader, 1986; Sharpe, 1985). Research has examined the impact of fathers' presence on children as young as eight weeks of age. In a longitudinal study, Parke (1983) demonstrated that when fathers took

an active role in child care during the first eight weeks of a child's life, the father was more socially responsive and better able to understand stressful circumstances during the next three years. One researcher found five-month-old boys, who had more contact with their fathers, were happier with adult strangers than those who had less paternal contact. The boys also walked more, showed a greater readiness to be picked up, and enjoyed play more. The amount of paternal contact did not show any effect on female infant behavior (Radin, 1982). Radin also found that consistent paternal discipline within a close relationship was also positively related with social competence. In this study, sons were described as more likable, autonomous, imaginative, and confident; daughters were described as well socialized, friendly, and dependable (Radin, 1977). Other longitudinal and retrospective research also supports the notion that girls who had strong positive relationships with their fathers had more successful heterosexual relationships in adulthood (Larsh, 1981; Maskey, 1998; Searcy, 1994). While there may be gender differences with respect to social competence, the research supports the fact that fathers' involvement in children has a positive influence on the development of social competence for both sons and daughters.

Personal Adjustment

One final domain in which positive paternal influence has been demonstrated is that of personal adjustment. Individuals who have a strong relationship with their fathers demonstrate better personal adjustment, including a positive sense of self, high self-esteem, internal locus of control, openness to others, satisfaction in relationships, and achievement motivation (Radin, 1977; Larsh, 1981; Maskey, 1998; Phares, 1994, 1995). Burke and Weir (1997) found that teenagers who were satisfied with their fathers'

availability and assistance (a minority of cases) were better adjusted than those who reported disavowal. Fathers' positive self-views were associated with measures of their children's, especially daughters', history life and achievement in a school setting. According to teacher reports, these students had less difficulty adjusting to school and did not present any behavioral problems (Towse, 1988). Individuals who exhibit successful parental adjustment are less likely of developing psychopathology. Thus, it appears that having positive father-child relationship can serve as a buffer to negative psychological outcomes.

Conclusion

"We can no longer accept the implicit assumption that fathers are simply occasional mother substitutes, rather they have an important role to play in socialization which is independent of the mother" (Larish, 1975, p. 4). It is clear from the evidence presented that fathers can have a strong influence on their children's development. There are at least 3 domains in which this parental influence is seen as positive and beneficial to children. More research is needed on "father presence" compared to that of "father absence." There is substantial research devoted to discovering the negative impact of paternal absence; equal effort should be directed to furthering research focused on the positive influence that fathers have in their children's lives.

Effects of Paternal Absence on Children's Functioning

In examining paternal absence, the section will describe the evolution of father hunger as a historical framework. It will examine the various causes of father hunger and its impact on children's development. Finally, it will describe the underlying existence of father hunger in numerous psychological disorders, both clinical and sub-clinical in nature.

Various authors have sought to address the issue of emotionally, physically, and/or psychologically absent fathers. Some research in this area has examined the transgenerational patterns that develop from father loss (Jenkins, 1997), the effects on the development of masculinity in boys and femininity in girls (Baker, 1974; Dallas, 1988; Horvay, 1991; Lohr, Legg, Mitchell & Kassar, 1993; Rado, 1961; Saal, 1992; Wright, 1999) and the effects of absent fathers on the development and treatment of psychological disorders (Jenkins, 1998; Fields, 1992; Katz, 1992; Lavee, 1994; Lavee, 1995; Pipher, 1994; Saal, 1992). Evidence in each of these areas supports the important role of fathers in the development of both male and female children.

What is Father Hunger?

The concept of "father hunger" was first used by Horvay (1992) to describe the psychological state of young children who had been deprived of their fathers through separation, divorce, or death. More recently, Andrew Minton has expanded the term to include the offspring of fathers who were physically present, but psychologically absent or inadequate. He defines father hunger as a "subconscious yearning for an ideal father that results in behavior ranging from self-pity to hypermasculinity and frustrated attempts to achieve maturity" (Minton, 1992, p. 18). From an analytic perspective, the data suggest that father hunger should not be restricted to a dramatic affect experienced by children who have lost their father, but rather "to consider it as ego state involving highly complex, ambiguous formations including impulses, defenses, and even fixations and phobias!" (Segman, 1997, p. 207). This ego state affects the child's emerging personality structure profoundly, specifically creating problems in modulating aggression. The child's

personality becomes organized around a longing for the father that is both expressed and defended through symptoms and character traits.

To simplify this concept and to make it applicable for all children and adults, this paper will work with Margt-Muse's definition of father hunger. She defines father hunger as "a deep, persistent desire for emotional connection with father that is experienced by all children" (Muse, 1991, p. 3). When the need for connection is met, the father hunger dissipates and the child has a higher likelihood of positive psychological development. In the case that this connection is not made, children can suffer in a variety of ways.

Sources of Father Hunger

All father hunger emanates from one main source: *abandonment*. Regardless of whether a father's abandonment is emotional, physical, or both, the child experiences *abandonment*. Erickson (1998) proposed seven sources of father loss: *traditional fathering*, *death*, *divorce*, *single mothering*, *abeyance*, *infidelity*, and *death*.

As discussed in the previous section on the changing role of fathers, *traditional fathering* consists of father as the "bread-winner" and provider of economic resources, social status, and discipline. Traditional fathering is characterized by a lack of fathers' involvement in child rearing and domestic responsibilities. Children who have "traditional fathers" often experience feelings of invisibility. For example, Morgan is the second daughter in a family of two girls: one older brother and one younger brother. Her father did not want children but consented on the condition that he not be responsible for their rearing. Morgan recalls

As a young girl, about 12 or 13, my role was to sit late at the dinner table and listen to my father regaled on life and politics. He was extremely interesting—but it was always a lecture, no thought that I might have something to say.

Subsequently, I have spent much of my life being a father who would rather be a speaker (Dillon, 1988, p. 206)

Children like Margot do not feel loved or wanted by their fathers. The lack of valuing a child can lead to numerous negative consequences for the child. Traditional fathering are those in some ways that make it worse than other sources of father absence.

Death is the one source of father loss in which a parent (the father's choice to be absent from the children (except in cases of suicide). The type of father loss is often the least detrimental to the developing child for four reasons (Brickson, 1988). First, it is likely that, in the case of death, the child would be insulated against their natural spontaneous conclusion that the absence is father fault. Second, there are socially sanctioned rituals that help individuals process this type of loss. Third, since death is final, closure is more likely, allowing children to move on from their loss. Finally, in the permanent absence of father, while there may be some fantasizing about his return, the father is no longer seen. This allows for feelings of unrequited love to diminish or disappear.

In contrast to death, divorce provides an extremely different situation for children and adults. The chance of first marriage ending in divorce is estimated between 50 and 60 percent. Divorce not only affects children but also the adults involved. Research shows that parents who divorce usually have a diminished capacity to parent (Brickson, 1988). Parents are busy finding their own way in a time when their children need them the most. As a result of the "under parent" syndrome, which assumes that children need and belong to their mothers. On majority of children of divorce live away from their fathers. Because it is easier for the parents in many cases to not deal with each other, the divorce pushes the father away from the children as well. Popeman (1984) reported that the

relationship between children and their divorced father is a strong indicator of how well they are able to adjust to divorce, with the quality of the relationship being more important than the amount of contact. This research also reported that 32 percent of all adolescents age twelve to sixteen who were living with separated, divorced, or remarried mothers had not seen their fathers in more than a year, and only 14 percent had seen their fathers as often as once a week. Based on these and similar results it is clear to see how divorce can functionally increase the prevalence of father hunger.

In the past three decades, out-of-wedlock births have increased 400 percent from five percent of all births in 1960 to 19 percent in 1990 (Popenoe, 1996). With the increasing societal acceptance of this trend there is reason to believe that it will continue and even increase. The feminist movement has encouraged women to make choices based on their own needs and desires and not on the needs of men or on social prescriptions for appropriate female behavior. Therefore, women who are self-sufficient are told that they should not have to give up the goal of having children simply because they cannot find men with whom they want to spend their lives. From a woman's perspective this may be a valid point, however when examined from the perspective of the children who grow up with only one biological parent the validity of the point comes into question. Just because a child has not known a father does not mean that he/she will not experience father absence and hunger.

Adoption issues have changed along with the divorce rate and the marriage to single motherhood. Infants who were adopted in the past were almost exclusively adopted by couples. This is no longer the case. There are three new situations affecting adoption (Jenkins, 1998). First, children of many ages are now being adopted. These children

comes from families of divorce and are often suffering the loss of the first father when the second father adopts them. Second, more single mothers are seeking adoption, which leaves children without any source of male connection. Third, lesbian and gay couples are now adopting children. While Erickson would agree that being adopted into a family is preferable to being in an institution, there are more considerations to be made in each of these circumstances (1994). The divorce statistics for second marriages are actually worse than first marriages with 60 percent ending in divorce. This means that children will not only lose one father, they will lose two. As discussed previously, children of single mothers experience father hunger whether raised by the biological mother or an adopted mother. Finally, children raised by homosexual couples will have less representation with, and modeling from, one sex or the other. All these situations can result in the development of father hunger.

Children whose parents are suffering from addiction are confronted with multiple sources of father hunger. First, the abuse and neglect that often accompany addiction are extremely profound. Second, the sober parent is often so distracted by the addicted parent that he/she is also not available for children. Children frequently feel as though they have been abandoned by both parents because neither one is psychologically well (Erickson, 1994). Children with addicted parents often report feeling invisible and unworthy of love. Families in which one parent suffers from an addiction create an environment that is conducive to physical, sexual and emotional abuse because of the loosening of inhibitions that accompanies being high. The family system is characterized by chaos and children are loved by anything less, which can finally lead to the continued cycle of relationship violence and abuse.

Parents in which abuse is present are the most harmful for children. Similar to the abdication scenario, neither parent is seen as safe. The perpetrating parent is seen as unreliable and unstable. Children often cope with abuse in the family by withdrawing both physically and emotionally from the perpetrator. The nonperpetrating parent is often an ineffective source of protection. This parent may not be able to stop the abuse, or worse, they may seem to approve of it (Zuckerman, 1994). Children in this abusive environment become emotional orphans with no one to turn to for protection or healthy attachment.

In the case of the epidemic rate of gangs, juvenile delinquency, teen pregnancy, school underachievement, and the problems left in their wakes, we as a society can ill afford to leave any stone unturned in searching for solutions. To the extent that street fathers and drug-dealing mothers are contributing, however unwittingly, to the growing war in our schools and our cities, neither children nor our culture as a whole can afford to see their fathers as heroes or dependable commodities (Zuckerman, 1994, p. 92).

With so many sources of father hunger, it is obvious that there must be many children suffering. Society must assess the impact of father hunger on all children and work sincerely to create that will incorporate fathers into the lives of children.

Impact of Father Hunger on Children's Development

Early research examined the effects of father hunger solely on sons' development (Hengg, 1944). This research focused on the impact of father hunger on boys' difficulty modulating aggression. In the past two decades evidence has been found to support multiple implications for both boys and girls suffering from father hunger. The research points to both clinical and subclinical disorders that have a common underlying theme of father hunger.

Generally speaking, there are numerous negative implications of father hunger. Fagot (1994) found that adolescents who had experienced father loss/absence were

men is likely to drop out of school, 1.5 times as likely to become teenage mothers, and 1.4 times as likely to be out of school or work. Other similarities in the ways that men and women experience father hunger include decreased self-esteem (Endicott, 1998; Green, 1976; Mann, 1981; Murook, 1992; Powers, 1999; Pyles, 1994; Reid, 1982; Wingle, 1995), fear of abandonment (Endicott, 1998; Horng, 1984; Wingle, 1995), exaggerated feelings of being alone (Dutton, 1995; Endicott, 1998; Horng, 1990; Mann, 1992; Sharpe, 1994), abuse (Endicott, 1998; Mann, 1993; Pyles, 1994) codependence (Endicott, 1999), problems managing emotions/anger (Endicott, 1998; Horng, 1988, 1984; Rader, 1984), need to control, and problems with trusting (Elder & Weiss, 1970; Endicott, 1998; Fields, 1983; Jack, 1998; Lamb, 1979; Lohr, et. al., 1985; Saperstein, 1987). In addition, research shows that individuals suffering from father hunger were more likely to exhibit the following specific disorders/symptoms: neuroticism, alcohol/drug abuse, depression, sexual promiscuity, violence, anorexia/bulimia, and eating disorders than individuals without father hunger (Endicott, 1998; Powers, 1999). Elder and Weiss (1970) discussed the impact of father hunger on the development of anorexia. Their research showed that 75 percent of women hospitalized for anorexia had inadequate fathering. While it is clear from the aforementioned research that there are serious negative implications for both males and females, it is important to examine the differential effects for each group.

According to Belsky, Goldberger, Clendy, and Teneh (1994) young girls and women develop a sense of self through connection, while young boys and men focus on separation and autonomy. Given the distinct needs and developmental issues for boys and girls, and the nature of their relationships with their fathers, father hunger impacts boys'

and girls' development in different ways. First with regard to social experiences, such as loss of abandonment and trust issues, there are qualitative differences for men and women.

When children experience father hunger, especially if the separation is because of the father's choice, it is difficult for them to feel the same sense of self. Children without fathers tend to have a lowered self-esteem and sense of self-worth. For men this is manifested in two ways. When it is time to "go out into the world" they do not feel ready enough, so they either overcompensate by developing hypermasculinity or they rarely venture out and react submissively to external demands (Freudson, 1998; Merman, 1992). For women the difficulty is developing self-esteem without evident relationships with others and with autonomy and competence issues (Freudson, 1998; Lohr et al., 1989; Munick, 1992; Pipher, 1994). Women who experience father hunger often long for an approval that will never come. The need for father's approval creates a powerful influence, which can structure the relationship with the father and other personal relationships throughout women's lives. I once described the effect that her need for approval had in her life:

My father is powerful and dominant, not in the sense of disciplinarian, but he was powerful in the sense that he was an approving, so I have this little voice in me when I get in a new situation, like "Honey me, sweet me, I am good aren't I? Dad I do well for you?" I'm still like the nice little daughter. I've got this thing that my father was: what I wanted him to be. I wanted someone who thinks you're wonderful! Now it's part of my personality that I'd rather not try at something than try and fail although whenever I've actually done something, I actually do it quite well. I think it's being desperate to be approved of. (Sitanga, 1994, p. 32)

Issues of isolated femininity and a of "woman's role" are also affected through her lack of self-esteem. Women who believe that they are not good enough often develop a perfectionistic attitude (like the one described above). That attitude is common in

individuals with eating disorders, self-mutilation, and other self-aggressive behaviors (Julia B. Wenz, 1970; Charnin, 1981; Muna, 1981; Marlock, 1991; Phares, 1993; Pipher, 1994,)

Abandonment concerns are both logical and necessary for children suffering from father hunger. The experience of loss is real and the fear of it happening again in the future is terrifying. Men protect themselves from abandonment by exaggerating traits that our culture typically has required of men. They emphasize strength, rational thinking, intellectuality, and control. Men who protect themselves by exaggerating stereotypic male traits will always be able keep others at a distance and to leave a relationship when they feel vulnerable (Zirkow, 1994). Women are also protected with cultural stereotypes which may decrease the need to be dependent, autonomous, or at the very least self-reliant. These stereotypes can lead women to become overly so "clingy" if they buy into the stereotype, or cold and rejecting if they do not. It is clear that either strategy could lead to difficulties in relationships as well as to issues of dependency or avoidance.

The fear of being alone is often exaggerated for both males and females that have experienced father hunger. Being abandoned by a parent compromises a child's ability to separate and individuate. Men and women have been found to become overly dependent upon their mothers in situations of father absence (Zirkow, 1993; Lohr, et al., 1990; Minton, 1992; Sagerman, 1993). Men cope with fear of being alone using mechanisms of activity. They work, work out, excessively use substances, and make attempts of women so that they will not have to be alone, but not here to be together either (Zirkow, 1994). Women go to the other extreme. They will go to great lengths to assure that they will not be left upon. This can result in a loss of self, use of self-blame, and destruction

relationships (Jude, 1991; Pipher, 1994). One example of self-blaming is presented by Sharp (1994):

[describing her father's relationship to her son and to her mother's daughters] he was as different with my son as my mother's daughters, he was more physical. Meanwhile, the girls were all doing what we did as girls, which is to sit on the edge sitting very good and happy, not to actually be able to be very much themselves. You thought you weren't going to be interesting enough, or funny enough (p. 22)

Unfortunately, as with the self-blaming women, the turn to somatic comparisons with in food, chemicals, digestion, and children (Moss, 1993; Pipher, 1995; Wright, 1997)

These somatic comparisons can lead to issues including eating disorders, addiction, and co-dependency.

Feelings of shame are common in children living with father hunger. The affect turns into their responses about not being good enough and about being the cause of the father's absence. Men struggle with how to connect to people. They avoid intimate moments in an effort to avoid the vulnerable part of themselves of which they are ashamed. Women's shame works more somatically making them feel unworthy and without value. The sense of self shame makes them more vulnerable in relationships, self-blaming, depression, and eating disorders (Goldman, 1994; Jack, 1994; Jones, 1993; Pipher, 1995).

Problems managing emotions: specifically anger, has been a major focal point in the father hunger research. Evidence supports that children as young as 18-months of age, who are suffering from father hunger, experience inappropriate modulation of aggressive drives (Harwig, 1982). Men and women tend to have distinct patterns for expressing their negative emotions, specifically anger and aggression. While most would agree that men and women both experience anger, the way that the anger is expressed is extremely

different. The expression of emotions is largely dictated by social norms and gender role socialization. Men tend to externalize their anger by acting out because it is an acceptable emotional expression for them. The acceptability of the expression of anger for men increases the likelihood that they will have higher instances of aggression towards others, "We are generating male violence much faster than we can incriminate it. Prisons cannot replace fathers" (Blauwenders, 1993, p. 87). Michael Lamb (1981) reported that children whose fathers were absent had a greater likelihood of having difficulties at school, having problems with the law, demonstrating delinquent behaviors, and being diagnosed with antisocial personality disorder. The reality of the situation is that both incarcerated males and females have a higher likelihood of having had no father in the home. In contrast to men, women are not encouraged to express their anger openly. For women, therefore, it is more likely that the anger will be internalized and the acting out will be self-destructive rather than outwardly directed. Women suffering from father hunger are more likely to develop depression, eating disorders, substance abuse, and other self-defeating and self-destructive behaviors (Lehman, 1993; Plares, 1999). The unmet expression of anger, and the difficulty involved in identifying and assessing such anger, is one of the reasons that anger in women has so often been overlooked by the research.

Many of the symptoms and disorders discussed can be derived from experiences other than father hunger. It is important to not jump to these Horney's analogy to blaming fathers for psychological or developmental problems being experienced by their children. The issue of father hunger is only one component that needs to be addressed in the larger system.

Conclusion

Father hunger is a reality in our society. The roles and responsibilities of fathers within the family structure have changed and will continue to change over time. Whether children develop clinical disorders (e.g., anxiety, stress, substance abuse/dependency, and depression) or subclinical symptoms (e.g., low self-esteem, gender identity issues, and impulse control problems), we need to address the underlying factor. Fathers will continue to be absent in some situations, however, they do not have to be emotionally and psychologically disconnected from their children. More research needs to be conducted to determine the best methods of prevention and treatment for father hunger. Children deserve to have the odds in their favor. There are numerous tragedies and traumas that children will experience throughout life. It is time that we put an emphasis on the future by caring for our children.

CHAPTER III METHODS

Study 1

Purpose

The purpose of Study 1 was twofold. The first goal was to create a valid instrument to measure father hunger in male and female individuals. The second goal was to provide validity and reliability estimates for the resultant scale.

Development of a measure of Father Hunger

In order to create a measure of father hunger, the author followed the model of test construction detailed by Gross (1980). The original item pool consisted of 60 items designed to assess an individual's relationship with his/her father. The items were based on theoretical work in the area of father hunger/love. An example from the item pool is "My father was able to comfort me." Participants rated each statement on a Likert scale from 0 (not at all) to 5 (completely), in terms of how well the statement described their relationship with their fathers. The primary investigator generated the original item pool, which was then reviewed by three counseling psychologists and three graduate students to establish face validity and content validity, and to ensure comprehensibility. Based on the review process, the item pool was reduced to 52 items.

The 52-item measure (Appendix C) was presented on 100 volunteers from psychology classes. The items were analyzed using an exploratory factor analysis to determine the number of factors and the items that made up those factors. Statements that

did not load clearly and clearly onto a factor were discarded. Reliability estimates were determined using coefficient alphas.

In addition to the 32 items, the pretest measure included one free-form question, which asked participants to briefly describe their relationships with their fathers during childhood. The purpose of the free-form question was to provide a second way of assessing father hunger. The question was counterbalanced such that half of the participants received the free-form question before the items and half received it after all the items. Independent judges who were blind to the items in the father hunger items evaluated the free-form responses for 201 of the participants. Judges were trained until they reached acceptable levels of inter-rater reliability ($\text{Alpha} > .80$). Only items that demonstrated between those who reported father hunger and those who did not report father hunger as determined by expert ratings of the written statements were retained. Finally, based on independent raters' scoring of father hunger individuals' responses to the free-form question were compared to their responses to the items chosen for the final version from Father Hunger Scale to determine validity.

Participants

Two hundred and sixty five female and 44 male undergraduates were recruited from several psychology classes. The students participated voluntarily during an in-class administration of the 32-item survey with the additional free-form response. All participants received extra credit (the amount was determined by the instructor of the course) for their participation.

Procedure

At the beginning of the administration, the primary investigator or a research assistant entered the classroom and introduced herself. She briefly discussed the nature of the research and the process that would be followed during the administration. Then, participants were given an informed consent letter detailing the research procedures (Appendix A). Included in the letter was a description of the research, an outline of the participants' rights, and an official statement regarding incentives. Immediately following the informed consent presentation, the investigator (or a research assistant) distributed the questionnaires and was available to answer any questions and to collect the completed forms. After giving consent, each participant was given the Fisher-Hunger questionnaire. The measure was completely anonymous, however, volunteers were asked to record their social security numbers on a separate sign-in sheet, in order to record their participation.

Research Design and Data Analysis

Study 1 focused on creating and validating a measure of Fisher-Hunger. Prior to examining the study's main hypothesis, it was necessary to analyze potential scale items in order to construct the final scale. Potential items were submitted to a principle components analysis (PCA), because the goal for the analysis was to identify subdimensions loaded on the first factor, without regard to factor structure or the number of additional possible factors (see Harman, 1974 for a discussion of the uses of PCA versus common factor analysis). Items were retained if they achieved an eigenvalue of .40 or higher on the first factor. A reliability analysis, Cronbach's alpha, was run on the retained items to determine internal consistency of the Fisher-Hunger Scale.

With the development of the Father Hunger Scale, it was possible to investigate the main hypothesis of this study. The main hypothesis was that individuals who reported that their fathers were psychologically distant would have significantly higher scores on the Father Hunger Scale than those who did not report psychological distance from their fathers. A *t*-test for independent samples was used to assess whether mean father hunger scores differed as a function of whether participants did or did not perceive psychological distance from their fathers. Group membership (perceived father as distant vs. did not perceive father as distant) served as the independent variable. Father hunger scores served as the dependent variable.

Study 2

Purpose

The purpose of Study 2 was to examine the relationship between father hunger, measured by the 13 item Father Hunger Scale created in Study 1, self-reliance, measured by the Blomberg Self-Scale, and disordered eating measured by the Eating Disorders Inventory.

Participants

One hundred and forty-four female and 64 male undergraduates were recruited from several psychology classes. They participated voluntarily during either an in class or a pre-arranged administration of the battery. All participants received credit (the amount type was determined by the instructor of the course) for their participation.

Procedure

At the beginning of the administration, the primary investigator entered the room and introduced herself. She briefly discussed the nature of the research and the process

that would be followed during the administration. Then, participants were given an (informed) consent letter detailing the research procedures (Appendix D). Included in the letter was a description of the research, an outline of the participants' rights, and an ethical statement regarding anonymity. Immediately following the informed consent presentation, the investigator (or a research assistant) distributed the battery and was available to answer any questions and to collect the completed forms.

Each participant received a battery comprised of the Father Hunger Scale, created by the primary investigator (Appendix E), the Silencing the Self Scale (Jack, 1991; Jack & Dill, 1992; Appendix F), and the Eating Disorders Inventory (Garner, Olmstead, & Polivy, 1983; Appendix G). The order of the measures was chosen to minimize the self-consciousness commonly related to the Eating Disorders Inventory. The investigator anticipated a more candid response pattern given this order.

Measures

Study 1 used the measures of father hunger constructed in Study 1, so that measures will not be described here. In addition, Study 1 assessed self-silencing and disordered eating. The measures of those two constructs that were used in Study 1 will be described next.

Silencing the Self. Self-in relationship was assessed by the Silencing the Self Scale (Jack, 1991; Jack & Dill, 1992), which was designed to assess women's beliefs about self in relationship (Jack, 1991, p. 36). The Silencing the Self Scale is a 34-item scale utilizing a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Total scores may range from 34 to 170. This scale was developed through interviews with women suffering from depression. A high score is indicative of high levels of subjugation of the self in

relationships. Items from the scale include "I find I have to act in a certain way to please my partner" and "I find it harder to be myself when in a close relationship than when alone."

Jack (2011) generated 41 items for the original scale, which were based on interviews with women diagnosed as having major depression. These items were reviewed by a panel of clinical psychologists, as well as by female undergraduates. These reviews helped to establish face validity and to ensure comprehensibility of the items.

Jack (2011) conducted a study using three samples of women to provide estimates of construct validity, internal consistency, and reliability. The women involved in these studies were either university students, residents of battered women's shelters, or non-mothers who had abused drugs during pregnancy. Scores on the Scheming The Self Scale were correlated with scores on the Beck Depression Inventory (Beck, 1978) for each group. Coefficient alphas ranged from .86 to .94. A test-retest reliability coefficient of .88 was also found for a two-week test period.

Disordered Eating. Disordered eating was measured by the Eating Disorders Inventory (Garner, Garneau, & Polivy, 1983). The inventory was designed to assess "psychological and behavioral traits common in anorexia and bulimia" (p. 15). The Eating Disorders Inventory is composed of 54 items yielding eight subscales including Drive for Thinness, Bulimia, Body Dissatisfaction, Ineffectiveness, Perfectionism, Interpersonal Distrust, Interceptive Awareness, and Intensity Scale. The scale utilizes a 4-point Likert format from 1 (always) to 4 (never). Total scores range from 0 to 152, with higher total scores indicating higher levels of eating disordered behaviors or beliefs. The current study utilized the total inventory score for analysis. The total score was an appropriate measure

given that the alpha for the total score was .89 and the results were consistent with those found when each subscale was computed independently. Example items include "I am terrified of gaining weight," "I have trouble expressing my emotions to others," and "Only maintaining performance is good enough in my family."¹

A team of clinicians who were familiar with the research and who had clinical experience with anorexia generated the original items. Items were awarded to measure eleven constructs, but only eight met the criteria necessary to be retained for the final version of the scale. The criteria of importance were discrimination between a group of women with anorexia and a female control group and higher association with its own subscale than with any other of the subscales on the inventory. Internal consistency for the subscales was demonstrated by Cronbach's alpha coefficients above .80 for the sample with anorexia.

Construct validity of the Eating Disorders Inventory was supported by tests of convergent and discriminant validity. Several EDE subscales were correlated with conceptually related scales such as the Eating Attitudes Test (Garner & Garfinkel, 1979), the Beck Depression Inventory (Beck, 1978), and subscales of the Symptom Checklist (Derogatis, Lipman, Rickels, Uhlenhuth & Covi, 1974).

Several methods were used to test for the criterion-related validity of the scale. First, the scale was given to comparison sample groups including a group of women who met the DSM-III diagnosis of bulimia, a group of women classified as obese, a group of women classified as previously obese, a group of women who were recovered from anorexia, and a group of male college students. The Eating Disorders Inventory discriminated between these groups. Second, criterion-related validity was demonstrated

through agreement between a set of patients' self-reported profiles and the judgements of experienced clinicians. Finally, the women who had recovered from anorexia scored similarly to a control group of college women.

Reliability over time was examined by administering the scale to a non-clinical sample across a one-year time period. Pearson correlations were calculated for the total score, and for the eight remaining subscales. "Considerable stability" was found for all but the following scales: Beliefs, Inappropriate Awareness, and Maturity Fears, for which stability was demonstrated to a lesser extent. The authors argue that the lower stability for these subscales is a result of the "affective and behavioral disclosures that they assess which are strongly influenced by attitudes and personality dimensions" (p. 11).

Research Design and Data Analysis

The second study had three hypotheses. Hypothesis 1, which predicted a significant, positive relationship between father hunger, as measured by the Father Hunger Scale, and self-silencing, as measured by the Silencing the Self Scale, was assessed using a Pearson product moment correlation. Scores on the Father Hunger Scale and the Silencing the Self Scale served as the correlated variables. Hypothesis 2, which predicted a significant, positive relationship between self-silencing, as measured by the Silencing the Self Scale, and disordered eating, as measured by the Eating Disorders Inventory, was assessed using a Pearson product moment correlation. Hypothesis 3 predicted a significantly reduced relationship between father hunger, as measured by the Father Hunger Scale, and eating disorders, as measured by the Eating Disorders Inventory, when the variability of self-silencing, measured by the Silencing the Self Scale, was factored out. This hypothesis was tested using a Pearson product moment correlation.

CHAPTER IV RESULTS

Study 1

Descriptive Statistics

A total of 733 participants (334 male and 399 female) completed the original 50-item questionnaire. Participants ranged in age from 18 to over 22 years with 43 (11.74%) participants aged 18-21 (24.94%) aged 19, 21 (33.94%) aged 20, 78 (23.19%) aged 21, 31 (9.71%) aged 22, and 30 (8.25%) aged over 22 years. The vast majority of participants were Caucasian (281, 73.79%). However, there were also 17 (10.79%) who identified themselves as Hispanic-Latin American, 30 (7.71%) who identified as African American, 17 (4.89%) who identified as Asian American, 4 (2.71%) who identified as Pacific Islander, and 34 (9.64%) who identified with a background not represented on the questionnaire.

For ease of understanding, scores on the novel 50-item father hunger questionnaire are presented as typical scores divided by the total number of items. Thus, overall scores correspond to the scale presented in the original 50-item questionnaire. Certain items have been reverse-scored such that higher scores indicate higher levels of father hunger. The possible range of scores was 0-5 with the following descriptions: scores of 0 indicating no father hunger; scores of 1 and 2 indicating low father hunger; scores of 3 indicating moderate father hunger; and scores of 4 and 5 indicating high levels of father hunger. The range of mean scores for the participants was 1 - 3. Thirty-eight percent of the participants mean scores on the Father Hunger Scale were between 0 and 1, indicating no

father hunger. Low levels of father hunger (mean scores between 1 and 2) were indicated by 14% of the participants. Twenty percent of the participants' mean scores were between 3 and 4, indicating moderate levels of father hunger. The final ten percent of participants' mean scores were 5 or higher, indicating high levels of father hunger.

The open-ended descriptions of father-child relationships were evaluated for evidence of father hunger by two trained raters. For the purposes of the statistical analysis, it was necessary for each of the raters to read and code only 200 paragraphs. The reliability between the raters was indicated as a percentage of agreement, $\alpha = .92$ ($p = .001$). Based on the raters' coding scores, 151 (73.4%) of the participants did not report father hunger in their paragraphs and 49 (24.4%) of participants did report father hunger.

Test Construction

In order to identify items that would be retained for the Father Hunger Scale, a principal component analysis was conducted. The first factor accounted for 44 percent of the variance of the original items. Thirteen of the 31 items were retained for the Father Hunger Scale because they had Eigenvalues of .10 or higher on the first factor (see Table 1). The reliability coefficient for the scale on the final Father Hunger Scale was $\alpha = .97$ ($p = .001$).

The hypothesis for Study 1 was that individuals who perceived their fathers as psychologically distant, as self-reported in the paragraphs, would report higher scores on the Father Hunger Scale than individuals who did not perceive their fathers as psychologically distant. The results of Study 1 clearly support the hypothesis. A t -test comparing mean Father Hunger Scale scores of participants whose paragraphs were rated as reflecting father hunger vs. those whose paragraphs reflected no father

hunger were significantly different in the expected direction, $t(208) = -4.04, p < .01$ (mean for participants with father hunger in paragraph = 2.04, $SD = 1.11, n = 48$, mean for participants with no father hunger in paragraph = 1.44, $SD = 1.03, n = 150$). This finding lends support to the notion that the Father Hunger Scale is validly measuring the construct it was designed to measure.

Spurious Analysis

Theorists (Erikson, 1950; Morong, 1962; Mow, 1966) have argued that both males and females experience father hunger. Results from the current study indicate that there was no significant difference between the reported incidence of father hunger for males and females [$t(150) = 1.1, p = .24$] (mean scale score for male participants = 1.60, $SD = 1.04, n = 47$; mean scale score for female participants = 1.75, $SD = 1.01, n = 103$). There has been debate regarding differences in the incidence of father hunger as a function of ethnicity. Results from Study 1 indicated that there were no significant differences in the reported incidence of father hunger for individuals from ethnic groups [$F(1, 200) = 1.07, p < .05$] (see Table 2).

ANCOVAs indicated that Father Hunger Scale scores differed significantly as a result of the following factors: age, mother's marital status, father's marital status, and childhood living arrangements. Specifically, there was a significant difference between mean scores on the Father Hunger Scale for individuals of varying ages [$F(3, 150) = 2.90, p < .01$]. Tukey HSD planned-comparisons indicated significant mean differences for the following age groups: (a) 19-year-olds vs. other; (b) 20-year-olds vs. other; and (c) 21-year-olds vs. other. Mean father hunger scores for the other category

were significantly higher than for the 19, 20, and 21-year-old categories. (see Table 3) No other mean comparisons reached conventional levels of statistical

Results of Study 1 indicated significant differences in mean Father Hunger Scale scores as a function of mothers' and fathers' marital status. ANOVA results for mothers' marital status showed $F(5, 348) = 14.11, p < .01$ (see Table 4). Tukey HSD planned comparisons indicated that there were significant differences between father hunger scores for the following groups with regard to mothers' marital status (MMS): (a) individuals whose MMS was Separated had higher mean father hunger scores than individuals whose MMS was Married, (b) individuals whose MMS was Divorced had higher mean father hunger scores than individuals whose MMS was Married, (c) individuals whose MMS was Remarried had higher mean father hunger scores than individuals whose MMS was Married, and (d) individuals whose MMS was Divorced had higher mean father hunger scores than individuals whose MMS was Remarried. No other mean comparisons reached conventional levels of statistical significance (see Table 4).

ANOVA results for fathers' marital status showed $F(5, 348) = 14.70, p < .01$. Tukey HSD comparisons indicated the following significant differences between father hunger scores: (a) individuals whose FMS was Separated had higher mean father hunger scores than individuals whose FMS was Married, (b) individuals whose FMS was Divorced had higher mean father hunger scores than individuals whose FMS was Married, and (c) individuals whose FMS was Remarried had higher mean father hunger scores than individuals whose FMS was Married (see Table 5). No other mean comparisons reached conventional levels of statistical significance.

Results demonstrated one final item which had a significant impact on the variability in father hunger scores, childhood living arrangements, $F(5, 346)=14.57, p < .001$.

31 Tukey HSD-planned comparisons indicated the following significant group differences between mean Father Hunger Scale scores with regard to the following childhood living arrangements: (a) individuals who lived with their mothers and a significant other had higher scores of father hunger than individuals who lived with their mothers and fathers, (b) individuals who lived with their mothers only had higher father hunger scores than individuals who lived with their mothers and fathers, (c) individuals who lived with non-parental others had higher father hunger scores than individuals who lived with their mothers and fathers, (d) individuals who lived with their mothers only had higher father hunger scores than individuals who lived with their fathers only, (e) individuals who lived with their mothers only had higher father hunger scores than individuals who lived with their fathers and a significant other, and (f) individuals who lived with non-parental others had higher father hunger scores than individuals who lived with their fathers only (see Table 4). No other cross-comparisons reached conventional levels of statistical significance.

Study 2

Descriptive Statistics

A total of 125 (81 male and 44 female) individuals completed the assessment battery which consisted of the Father Hunger Scale, the Standing Timed Test Scale, and the Eating Disorders Inventory. Participants ranged in age from 18 to over 52 years with 81 participants (64.8%) aged 18, 47 participants (37.6%) aged 19, 36 participants (28.8%) aged 20, 11 participants (8.8%) aged 21, 14 participants (11.2%) aged 22, and 10

participants (8.7%) aged over 22 years. The vast majority of participants were Caucasian (143, 73.7%). However, there were also 22 (9.4%) who identified themselves as Hispanic/Latino American, 18 (7.7%) who identified as African American, 9 (4.6%) who identified as Asian American, 1 (0.4%) who identified as Pacific Islander, and 11 (4.6%) who identified with a background not represented on the questionnaire. The majority of the participants were raised in two-parent households with their biological parents (163, 84.6%).

Participants' Father Hunger Scale scores are presented as total scores divided by the number of items. Thus, overall scores correspond to the scale presented on the questionnaire. Participants' Father Hunger Scale scores ranged from 0 to 5 on a 0 to 5-point scale. The mean score on the Father Hunger Scale was 1.44 ($SD = 1.76$). Higher scores indicated higher levels of father hunger.

For ease of understanding, scores on the Silencing The Self Scale are presented as total scores divided by the number of items. Thus, overall scores correspond to the scale presented on the Silencing The Self Scale as presented in the test battery. Participant scores on the STSS ranged from -40 to 3-47 on a 0 to 4-point scale. Higher scores indicated higher levels of self-silencing. The sample mean was 1.61 ($SD = .38$).

Participants' Eating Disorder Inventory scores were calculated according to the scoring scheme provided by Garner, Olmstead, and Pincus (1983). Items were scored as follows: Always = 3 points, Usually = 2 points, Often = 1 point, Sometimes, Rarely, and Never = 0 points. Certain items were reverse scored such that higher scores indicated higher levels of disordered eating. Participants' Eating Disorder Inventory mean scores ranged from .08 to 1.35 on a 0 to 3-point scale. The sample mean was .42 ($SD = .32$).

Hypotheses Testing

Results of Study 2 provided only partial support for the three hypotheses, with one hypothesis supported by the findings and two not supported by the findings. The first hypothesis indicated that individuals with higher Father Hunger Scale scores would show significantly higher levels of self-blaming, as measured by the Blaming the Self Scale, than individuals with lower Father Hunger Scale scores. This hypothesis was not supported. A Pearson Product Moment correlation coefficient between the two variables was of small magnitude and was not significantly different from 0, $r = .12$, $p < .05$, $p = .328$.

The second hypothesis was that there would be a significant positive association between women's Blaming the Self Scale scores and their Eating Disorders Inventory scores. This hypothesis received clear support, with these two variables significantly correlated, $r = .45$, $p < .04$, $p = .044$. Not only is this correlation statistically significant, it is of moderately large magnitude, as well, accounting for 39.05% of the variance.

The third hypothesis predicted that the relationship between father hunger and eating disorders would be significantly reduced when self-blaming was statistically controlled. A regression analysis would have been the appropriate statistic to test for Hypothesis 3, however, because of results from analyses for the Hypothesis 1, the regression analysis was not appropriate. Therefore, Hypothesis 3 failed to receive empirical support, because there was no significant relationship between father hunger and disordered eating, as indicated in the results for Hypothesis 1.

Secondary Analyses

Results of Study 2 provided further evidence that there are no significant differences between the reported incidence of father hunger for males and females, $F(1, 224) = .26, p < .50$ (mean scale score for male participants = 1.40, $SD = 1.24, n = 81$, mean scale score for female participants = 1.56, $SD = 1.46, n = 143$). Study 2 also provided support for the equality of father hunger between individuals of different ethnic groups. Because of low cell sizes, the following categories were collapsed into one for the purposes of analyses: Asian American, Pacific Islander, and Not Otherwise Specified. Results from Study 2 indicated that there was no significant difference between the reported incidence of father hunger for individuals who identified with different ethnic groups $F(1, 224) = 1.66, p < .18$ (see Table 7).

Similar to the results from the auxiliary analyses in Study 1, ANOVA results from the current study indicated a number of areas in which Father Hunger Scale scores were influenced by individual group membership. The areas in which there were significant differences between mean scores of father hunger were age, mothers' marital status, fathers' marital status, and childhood living arrangements. In addition, a significant difference was found in father hunger scores for individuals who had been in therapy in the past vs. individuals who had not been in therapy in the past.

Significant differences were found between father hunger scores according to age group $F(3, 223) = 3.41, p = .04$. Tukey HSD planned comparisons indicated that although the analysis did show a significant difference between the different age groups, none of the pairwise contrasts reach a .05 significance level (see Table 8).

Results of Study 1 indicated significant differences in mean Father Hunger Scale scores as a function of mothers' and fathers' marital status. Because of low cell sizes, the following categories were collapsed into one for both mothers' and fathers' marital status: Separated, Divorced = Separated/Divorced and Single, Widowed = Single/Widowed. ANOVA results for mothers' marital status (MMS) showed $F(3, 156) = 4.55, p < .01$ (see Table 9). Father's marital status (FMS) during the participants' childhood was significant as well $F(3, 156) = 3.54, p < .01$ (see Table 10). Tukey HSD planned comparisons indicated that there were significant differences between father hunger scores for the following groups: (a) individuals whose MMS/FMS was Separated/Divorced had higher father hunger scores than individuals whose MMS/FMS was Married vs, and (b) individuals whose MMS/FMS was Remarried had higher father hunger scores than individuals whose MMS/FMS was Married (see Tables 9-10). No other mean comparisons reached conventional levels of statistical significance.

Because of low cell sizes, the following childhood living arrangement categories were combined for statistical comparisons: Father, Mother and Significant Other, Father and Significant Other, Other = Other. Given the combination, results indicated that childhood living arrangements had a statistically significant impact on father hunger scores $F(1, 156) = 11.39, p < .01$. Tukey HSD planned comparisons indicated significantly higher mean father hunger scores for children who lived with only their mothers than for individuals who lived with their mothers and fathers. No other mean comparisons reached conventional levels of statistical significance (see Table 10).

Results indicated that one final item that had a statistically significant impact on mean father hunger scores. When individuals who had been in therapy in the past were

compared to those who had not been in therapy in the past there was a significant difference in the predicted direction ($Z(1) = 18.1, p < .05$). Individuals who had been in therapy in the past reported significantly higher father hunger scores than individuals who had not been in therapy (see Table 1).

Summary

In summary, participants ranged in age from 18 to over 55 years of age. Most were Anglo-Americans and grew up with both biological parents in the household.

Strong support was found for the validity of the Father Hunger Scale created in Study 1. Participants who expressed a sense of loss or longing in their relationships with their fathers scored higher on the Father Hunger Scale than did those who did not express a similar experience. As predicted in by theories (Erickson, 1958; Elson, 1982; Jones, 1990), analyses from Study 1 and Study 2 demonstrated that there were no statistically significant differences for individuals' scores on the Father Hunger Scale based on their sex or ethnicity. Significant differences were found for individuals based on age, mother's marital status, father's marital status, childhood living arrangements, and past experience in therapy.

In Study 2, strong support was also found for an association between self-clinging and degree of disturbed eating, in the predicted direction. That is, participants who reported higher levels of self-clinging, as measured by the Clinging To Self Scale, also reported higher levels of disturbed eating, as measured by the Eating Disorders Inventory. No support was provided for the association between father hunger and self-clinging or between father hunger and eating disorders.

Table 1

Study 1, Principal Component Analysis, Factor 1

Questionnaire Item	Factor Loading
My father and I had a good relationship	0.8
I hope that I will treat my children the way my father treated me	0.6
My father and I had a close relationship	0.7
I felt loved by my father	0.5
I was happy with the relationship that I had with my father	0.5
My father demonstrated his love for me	0.6
My father was available to me emotionally	0.6
As I think about my relationship with my father I am content	0.6
When I needed my dad, he would be there without question	0.6
My father was able to comfort me	0.6
My father was warm and caring	0.5
My father and I communicated well	0.2
My father was a strong source of encouragement for me	0.1
My father and I spend plenty of time together	0.0
It hurts me to think about the relationship that I had with my father	0.0
I got everything I needed from my dad	0.0
My father was interested in my day-to-day life	0.0
My father chose to spend his free time with me	0.0
My father knew what I needed from him	0.0
I felt as though my father was proud of me	0.0
I knew I was what my father thought of me	0.0
My dad let me down when I needed him the most	0.0
I felt like my father didn't have enough time for me	0.0
I wish my father and I had been closer	0.0
It was hard to get my dad to really love me	0.0
I had trouble getting my father's attention	0.0
My father broke his promises to me	0.0
My father approved of me	0.0
My father loved me no matter what	0.0
I couldn't get close enough to my dad in the time we had together	0.0
I wished that my dad found me as interesting as he did other people and things	0.0
I was jealous of other relationships with their fathers	0.0
My father would rather spend time with others	0.0
I missed my father when I was growing up	0.0
I wish that my father and I had been closer	0.0
My father forgot important dates in my life	0.0
My father wasn't home much	0.0
I remember doing special things for my dad and him not fully appreciating them	0.0

Table 1 (Cont)

Questionnaire Item	Factor Loading
My father never thought that I was good-enough	.52
My father was not very affectionate to me (Doga, known)	.48
I didn't get to spend much time with my dad because work was his first priority	.48
I was afraid of my father judging me for what I said or did	.34
I could not live up to my father's expectations	.33
As a child, I found myself wishing to spend more time with my dad	.32
I found myself getting angry at people and things that distracted my dad from focusing on me	.30
I worked hard to get my father's wisdom	.27
I wished that all of my dad's obligations and commitments would disappear so that he could spend more time with me	.25
When I was younger, I tried extra hard to be good when my dad was around	.20
I know it was a special day if I got to spend time with my father	.04
When my father was around, I didn't want to share him with anyone	.01
I needed my father to approve of me	-.29
I remember my dad often being in my thoughts	-.40

Doga, known which loaded on a level of .40 and higher were retained for the Father Hunger Scale.

Table 2

Study 1. Mean Scores for Father Hunger Scale by Ethnicity

Ethnicity	n	Mean	Standard Deviation
Caucasian	290	1.67	1.62
African American	20	2.75	1.54
Hispanic/Latin American	37	1.67	1.68
Asian American	68	1.61	1.71
Other	17	1.63	1.31

Note. Means range from 0-3.

Because of low cell sizes, the category of Pacific Islander was combined with the category of Other for statistical comparisons.

No race comparisons reached the $p < .05$ level of statistical significance.

Table 1

Study 1. Mean Scores for Father Hunger Scale by Age

Age	n	Mean	Standard Deviation
18 years	41	1.79 ^a	1.33
19 years	37	1.59 ^a	1.34
20 years	41	1.57 ^a	1.33
21 years	78	1.72 ^a	1.44
22 years	33	1.33	1.67
Other	30	2.07 ^{a,b,c}	1.53

Note. Means range from 0 to 5.

Means with common superscripts differ significantly at the $p < .05$ level.

No other mean-comparisons reached the $p < .05$ level of statistical significance.

Table 4

Study 1: Mean Scores for Father Hunger Scale by Mothers' Marital Status

Mothers' Marital Status	n	Mean	Standard Deviation
Married	108	1.34 ^{a,b,c}	1.29
Separated	9	1.70 ^a	1.58
Divorced	53	2.46 ^{b,c}	1.61
Remarried	42	1.40 ^a	1.48
Single	11	1.44	1.79
Widowed	6	1.17 ^a	.63

Note. Means range from 0 to 3.

Means with common superscripts differ significantly at the $p < .05$ level.No other mean comparisons reached the $p < .05$ level of statistical significance.

Table 1

Study 1. Mean Scores for Father-Blasphemy Scale by Fathers' Marital Status

Fathers' Marital Status	n	Mean	Standard Deviation
Married	243	1.55 ^{a,b,c}	0.58
Separated	11	2.18 ^c	1.11
Divorced	34	2.14 ^c	1.27
Remarried	33	2.34 ^c	1.60
Single	5	2.58	1.32
Widowed	3	1.33	.83

Note. Means range from 0 to 3.

Means with common superscripts differ significantly at the $p < .05$ level.No other mean-comparisons reached the $p < .05$ level of statistical significance.

Table 4

Study 1: Mean Scores for Father Image Scale by Childhood Living Arrangements

Living Arrangement	n	Mean	Standard Deviation
Mother and Father	168	3.43 ^{a,b}	1.23
Mother Only	28	3.30 ^{a,b}	1.29
Father Only	4	3.48 ^{a,b}	1.60
Mother and Significant Other	17	3.10 ^a	1.63
Father and Significant Other	5	3.40 ^a	1.23
Other	10	3.08 ^a	1.58

Note. Means range from 0-5.

Means with common superscripts differ significantly at the $p < .05$ level.No other mean comparisons reached the $p < .05$ level of statistical significance.

Table 7

Study 2: Mean Scores for Father Hunger Scale by Ethnicity

Ethnicity	n	Mean	Standard Deviation
Caucasian	145	1.41	1.33
Asian American	16	2.19	1.61
Hispanic/Latin American	32	1.97	1.63
Other	31	1.34	1.27

Note. Means range from 0-5

Because of low cell counts, the categories of Asian American, Pacific Islander, and Other were combined into the Other for statistical analyses.

No mean comparisons reached the $p < .05$ level of statistical significance.

Table 4

Study 2: Mean Scores for Patient History Scale by Age

Age	n	Mean	Standard Deviation
18 years	82	1.39	1.28
19 years	47	1.30	0.44
20 years	36	1.17	0.26
21 years	21	1.62	1.34
22 years	14	2.66	1.36
Other	18	2.34	1.85

Note. Mean range from 0-5

No mean comparisons reached the $p < .05$ level of statistical significance

Table 8

Study 1. Mean Scores for Family Hunger Scale by Mothers' Marital Status

Mothers' Marital Status	n	Mean	Standard Deviation
Married	121	1.19 ^a	1.20
Separated/Divorced	33	2.03 ^b	1.54
Remarried	44	2.03 ^b	1.57
Single/Widowed	13	1.75	1.44

Note. Means range from 0 to 5.

Because of low cell sizes, Mothers' Marital Status categories of Separated and Divorced were collapsed into Separated/Divorced, and categories of Single and Widowed were collapsed into Single/Widowed for statistical comparisons.

Means with common superscripts differ significantly at the $p < .05$ level.

No other mean comparisons reached the $p < .05$ level of statistical significance.

Table 35

Study 3: Mean Scores for Father Hunger Scale by Father's Marital Status

Father's Marital Status	<i>n</i>	Mean	Standard Deviation
Married	120	1.32 ^{a,b}	1.31
Separated/Divorced	27	2.10 ^a	1.77
Remarried	14	1.49 ^b	1.48
Single/Widowed	7	1.38	.83

Note. Means range from 0 to 3.

Because of low cell sizes, Mothers' Marital Status categories of Separated and Divorced were collapsed into Separated/Divorced, and categories of Single and Widowed were collapsed into Single/Widowed for statistical comparisons.

Means with common superscripts differ significantly at the $p < .05$ level.

No other main comparisons reached the $p < .05$ level of statistical significance.

Table 11

Study 3. Mean Scores for Father Hunger Scale by Childhood Living Arrangements

Living Arrangements	n	Mean	Standard Deviation
Mother and Father	143	1.29 ^a	1.23
Mother-Only	26	2.60 ^b	1.49
Other	15	1.65	1.36

Range, Mean range from 0 to 3

Because of low cell sizes, the categories of Father, Mother and Significant Other, Father and Significant Other, and Other were collapsed into Other for statistical comparisons

Means with common superscripts differ significantly at the $p < .05$ level

No other same comparisons reached the $p = .05$ level of statistical significance

Table 12

Study 1: Mean Scores for Patient Change Scale by Experience in Therapy

History of Therapy	n	Mean	Standard Deviation
No	133	1.83	1.10
Yes	47	1.64	1.44

Note. Mean range from 0 to 5.

Groups differed significantly at the .01 level.

CHAPTER V DISCUSSION

The literature surrounding fathers and their impact on child development has grown substantially in the past two decades. Various researchers and theorists have emphasized the importance of fathers in the development of their children in areas such as academic performance, emotional expression, and psychological adjustment (Amato & Gilbreth, 1999; Blankenhorn, 1993; Erickson, 1994; Haring, 1982; Lamb, 1997; Miller, 1993; Pleaux, 1999; Shapiro, 1994). Fathers' positive and paternal behaviors have been linked to both positive and negative psychological outcomes for children.

Father hunger is a term used to indicate the psychological, emotional, and/or physical longing for father in a child's life. The current literature offers an empirically derived measure for the construct of father hunger. The purpose of the dissertation has been to create an empirically valid measurement of father hunger and to investigate the proposed connection between father hunger, self-reliance, and eating disorders in women. This chapter will provide a summary and interpretation of the results of the two studies, limitations and suggestions for future research, and implications for practice.

Summary and Interpretation of the Results

The purpose of Study 1 was to create a valid measure of father hunger that could be used in future research and clinical work. The hypothesis for Study 1 proposed that individuals who perceived their fathers as psychologically distant, as well reported in the

paragraph descriptions, would report significantly higher scores on the Father Hunger Scale than individuals who did not perceive their fathers as psychologically distant. Consistent with this hypothesis, participants who were categorized as expressing father hunger in their descriptive responses, according to external ratings, had significantly higher scores on the Father Hunger Scale than individuals who were characterized as not expressing father hunger in their descriptive responses. These results suggest that the Father Hunger Scale created in Study 1 may reliably measure the construct of father hunger as discussed in the psychological literature (Jiller, 1974; Blankenhorn, 1975; Erikson, 1950 & 1958; Horsey, 1982; Lamb, 1978; Maltin, 1993; Marlow, 1992; Phares, 1989; Shyne, 1994).

Auxiliary analyses on the Father Hunger Scale from both studies provided further information about father hunger and its prevalence among various distinct groups such as sex, ethnicity, and parent's marital status. Researchers and theorists who study father hunger have argued that there are no sex differences in the incidence of father hunger (Jiller, 1974; Blankenhorn, 1975; Erikson, 1950; Horsey, 1982; Lamb, 1981; Maccoby, 1998; Marlow, 1992). Studies 1 and 2 provided evidence in support of that argument, because in these studies both men and women scored similarly on the Father Hunger Scale. Second, theorists have posed the question of whether there is a difference in the incidence of father hunger for individuals of various ethnic groups (Axtell, 1999; Belsky, 1998; Phares, 1994). Research has indicated that there are more families headed by single females in African American families than there are in Anglo-American, Hispanic/Latin American, or Asian American families. It is proposed that this family structure contributed to increased levels of father hunger among some groups (Erikson,

1998, Popejoy, 1998, Strong & DePaul, 1992). However, results from Studies 1 and 2 did not support this hypothesized difference in the incidence of father hunger among the different ethnic groups examined. No significant differences in scores on the Father Hunger Scale were found between any pairs of the ethnic groups. Emmons (1998) argued that father hunger could be caused by many different factors other than the physical absence of a father. Spent in the home, for example, the cited physical, sexual, and emotional abuse as potential causes for father hunger. The current studies lend evidence to this argument.

Study 1 and 2 indicated that mothers' mental status, fathers' mental status, and childhood living arrangements substantially mediated participants' father hunger scores. On the factor of age, only Study 1 showed significant differences in the patterns of scores of age groups. Results revealed that individuals whose ages were 19, 20, or 21 reported significantly less father hunger than did individuals whose ages were indicated as "other" (individuals who were 18 and 22 also reported less father hunger than individuals who reported "other," at a level of marginal significance). Given that the sample was taken from a college population, it is unlikely that there were any individuals younger than 18 years of age, which leads the author to believe that the "other" category consisted of individuals over the age of 22. There are many possible explanations for the variability in father hunger scores between the age groups examined.

The first explanation is a group trend towards less father hunger for younger individuals. This trend could be accounted for by the increased awareness that society and individuals have of the importance of fathers in the lives of their children; however, it is difficult to draw this conclusion based on the lack of specific information regarding the

ages of individuals in the "older" category. It is unlikely that such a major shift in fathering would occur in such a short period of time. A second line of reasoning for the group differences is that violence older than the 18 to 23-age range may have had more time to reflect on their relationships with their fathers. They may have established enough individuation from their parents that the father-child relationship was seen more clearly. Older individuals may also feel more freedom to acknowledge and express imperfections in their upbringing, because they are no longer financially dependent upon their parents. One final potential explanation for the results is that the greater anticipation of having their own children may increase older individuals' awareness of the quality of the relationships that they had with their fathers. Individuals may contemplate ways to change or improve upon their models of father-child relationships with their own children.

Age is only one factor that seems to affect reported levels of father hunger. Parents' marital status was also implicated as a factor in father hunger scores. Individuals whose mothers and/or fathers were separated, divorced, or remarried scored significantly higher on the Father Hunger Scale than individuals whose mothers and/or fathers were married. These results support the literature which identifies divorce as an important contributor to the development of father hunger (Joffe, 1998; Lamb, 1997; Miller, 1997). These results suggest that regardless of whether a parent remarries, children whose parents separate or divorce experience higher levels of father hunger than children whose parents stay together. Early (1996) also indicated that individuals whose mothers were divorced reported higher levels of father hunger than individuals whose mothers were married. This result supports Brillon's hypothesis that death of a father is the least damaging form of loss/absence. She has argued that because children are given time to

means for loss of their fathers in a socially sanctioned way, and that because there is more closure involved in death than in other types of father-loss, death is the least detrimental to the child's development (1998).

Father's marital status directly affects the varying types of living arrangements for children. Studies 1 and 2 both indicated that there were significant differences in father hunger scores depending on childhood living arrangements. Individuals with the lowest scores on the Father Hunger Scale were raised in a home with both biological parents. These individuals reported significantly lower father hunger scores than individuals who were raised by their mothers only, by their mothers and a significant other, and by non-parental others. Individuals who were raised by their mothers only reported higher levels of father hunger than individuals who were raised by their fathers only or by their fathers and a significant other. Individuals who were raised by their fathers only reported significantly less father hunger than those individuals who were raised by non-parental others. Fabian (1998) and others have argued that stepfathers in other male figures cannot moderate the negative effects of father hunger. The results from Studies 1 and 2 lend support to this hypothesis by showing that individuals who were raised without their biological fathers experienced more father hunger than those were raised with their biological fathers. This increase in father hunger scores was true regardless of whether the child was raised with a stepfather. These results suggest that the best inoculation for father hunger may be for a child to be raised by both parents together. If that situation is not possible, the next best option is for children to be raised in a household that includes their fathers. Children raised in a household with their fathers are less likely to develop father hunger than are those who are raised without their fathers. While more research is needed

to confirm this finding, having non-father male role models in the house does not appear to reduce father hunger. It is possible that having a male other than father in the house moderates the existence of father hunger; however, further research would be needed to test this hypothesis.

Results from Study 2 also indicated that there is a significant relationship between father hunger scores and past therapy experience. Individuals who reported higher levels of father hunger also reported higher incidence of therapy experience. Because this relationship is correlational, causality cannot be assumed. Whereas father hunger may lead to a need for therapy, it is also possible that through the therapy experience individuals become more aware of their own father hunger and report their experiences to fit with the description of father hunger.

Hypothesis 1 of Study 2 addressed the relationship between father hunger and self-blaming. Specifically, Hypothesis 1 predicted that participants, both male and female, who reported higher levels of father hunger would also report higher levels of self-blaming. This hypothesis was not supported. It is possible that individuals who experienced father hunger may work harder in relationships to express their needs so that their partners do not disappoint them, the way that their fathers did.

Hypothesis 2, which predicted that individuals who reported higher levels of self-blaming would also report higher levels of disordered eating. Based on prior research which has indicated that the incidence of self-blaming and disordered eating are higher for women than for men, this hypothesis focused solely on female respondents (Dress & Hershner, 1997; Munn, 1991; Erikson, 1996; Pincus, 1990; Pipher, 1995). A significant positive relationship between self-blaming and disordered eating was found. This finding

is consistent with literature showing the connection between women's ability to express themselves under a relationship and disordered eating (Chenow, 1994; Chenow, 1995; Johnson, 1998; Murn, 1991). Researchers have argued that women turn to disordered eating as a way to control their environment (Chenow, 1994; Pipher, 1993). When a woman feels unable to express her true needs or her feelings, it is not unusual for her to turn to starvation for pain and liberation (Murn, 1991; Pipher, 1993). The internalization of what is called an *eating disorder, depression, or self-harming* (Johnson, 1994; Johnson, 1995; Pipher, 1993; Pipher, 1993).

Hypothesis 3 of Study 1 predicted that the relationship between father hunger and disordered eating would be significantly reduced when self-harming was statistically controlled. Results indicated that there was no significant relationship between father hunger and disordered eating, therefore, that hypothesis also failed to receive empirical support. This result differs from that reported in published literature which supports the relationship between father hunger and eating disorders (Johnson, 1994; Murn, 1991). Murn (1991) found a stronger sense of father hunger in women who were in treatment for disordered eating. It is possible that there is a not a simple, linear relationship between father hunger and eating disorders. It may be that only those who develop a full-blown eating disorder have significantly different experiences with their fathers from others. The sample for this study was composed of traditional college students, with no screening for a history of eating disorders and probably only a few participants experiencing a full-blown eating disorder. With a sample that included many diagnosed eating-disordered clients, Hypothesis 3 might be supported.

Limitations of Study 1 and 2

The first limitation of the studies relates to the nature of the sample. Father hunger is not limited to the traditional college population, therefore, the population of interest may expand well beyond the targeted sample of college students. Given the results pertaining to differences in father hunger based on age, it is likely that the use of these samples limited the range of father hunger scores. There were also several age-age limitations based on these specific samples: a southern geographic location, primarily Anglo-American ethnicity, an unusually high number of intact families, and a negatively skewed distribution on socioeconomic background, overrepresenting the upper-middle and upper classes.

The second limitation, related specifically to Study 2, is the positive nature of the information requested of the participants. Despite the anonymity of their participation, participants may have been reluctant to disclose information pertaining to socially undesirable behaviors, such as self-induced vomiting and binge eating. As mentioned previously, individuals who are still dependent upon their fathers financially may be more reluctant to report father hunger or inadequate father-child relationships.

Third, as previously mentioned, there may be a qualitative difference between individuals who experience mild to moderate levels of disordered eating and those who develop full-blown eating disorders. Theory connecting father hunger and eating disorders has been based on observational data within treatment settings (Blaise, 1991). The inclusion of a clinical sample would have provided comparison data to evaluate the possibility of this qualitative difference between treatment and non-treatment populations.

Implications for Future Research

The results of Studies 1 and 2 offer support for continued research in the area of father hunger. Evidence supports the relationship between self-alienation and eating disorders in women. Although these data did not support the relationship between father hunger and eating disorders, future research may reveal this using different methods, populations, and measures.

Construction of the Father Hunger Scale resulted in what initially appears to be a valid measure of father hunger. However, future refinement of the Father Hunger Scale aimed toward examining potential issues of social desirability and previously cited sampling limitations could provide increased validity in measuring the construct of father hunger. Future research with other samples would allow for further examination of persons related to distinct ages, education and races, family constellations, socioeconomic status, therapeutic experiences, and presence of male figures in a child's life. The development of the Father Hunger Scale will facilitate future research designed to empirically examine the incidence of father hunger and its effects on the development of children.

Future research extending the upper and lower limit of the participants' ages could provide a better understanding of the age differences found in these studies. In addition, based on the findings from Studies 1 and 2, additional information may also be needed related to financial independence, level of supervision/supervision from parents, time spent away from home, and whether the participants have children of their own or anticipate having children in the near future. This information would allow researchers to

test the potential explanations used to explain the age differences in reported father hunger scores from the current research.

Analyses for race-related differences in this study revealed no difference among individuals from various ethnic groups. Future research might examine the experiences of groups not represented or groups not represented in sufficient numbers in this sample such as Asian-American and Pacific Islander. It would also be helpful to examine the family considerations according to ethnicity. Examining family structure would allow researchers to assess whether the sample being studied is similar to the populations discussed in the literature (e.g., more female-heads of African-American families than of families of other ethnic groups). It is possible that the sample being studied does not match those from the previously cited literature and therefore, would not necessarily derive the same pattern of ethnic differences in father hunger scores.

To enhance its relevance to clinical work, future research should probe further into the detailed therapeutic experiences of the participants. Specific information, such as level of father hunger, would allow for further examination of the relationship between father hunger and therapy. One potential type of study would involve use of a pre-post-test-experimental design. This design could be used to examine whether therapeutic interventions have an effect on individuals' reported levels of father hunger. Results from such clinical research may enable Counseling Psychologists to work more effectively with individuals who experience father hunger.

The second clinical issue that could be addressed in future research is the potential implication against father hunger that could result from the presence of another adult male in a child's life. More information focused on stepfathers, adopted fathers, uncles,

grandfathers, and non-family member adult males would allow researchers to test more thoroughly whether and under what conditions a non-father adult male can relieve father hunger. Traditional fathering, in which the father is the breadwinner and the mother is in charge of raising the children and other household concerns, has been emphasized in the development of father hunger (Erickson, 1994). Future research should focus not only on paternal (non-father adult male) presence or absence in the household but also on psychological factors that are related to the father-child (or non-father adult male-child) bond. Important factors include the degree of relationship intimacy, interpersonal warmth, degree of acceptance or unconditional positive regard, and the degree to which the child feels accepted as a son/daughter by the non-father adult male. It may be that these factors are the key components in relieving father hunger.

Issues of social desirability should be also addressed in future research on self-reported father hunger, maladjusting, and eating disorders. It is possible that individuals are hesitant to report negative information with regard to their family relationships or to their own behaviors. Including a measure of social desirability might allow researchers to test for the degree and direction influence of social desirability on these self-report measures.

Future research examining the relationship between father hunger and eating disorders should focus on clinical samples. Such samples may provide a different view of father hunger and its relationship to disordered eating patterns. It is also possible that a self-identified clinical sample will demonstrate less reluctance when completing the Eating Disorders Inventory. In addition, the assessment could provide complementary information about client eating patterns and psychological adjustment. Having additional information

that a secondary source would address some of the validity concerns stemming from self-report data.

Implications for Practice

It is important for psychologists to be aware of the potential etiology of the disorders that clients present. Results from Study 1 indicated that at least 50% of the population studied reported high levels of father hunger (mean of 4 or higher out of 5). Theory and research have connected father hunger with a variety of negative outcomes. The implications of these results are most clearly tied to family therapy. It is imperative that continuing focus on the importance of the role of the father in a child's upbringing. Fathers must become physically, emotionally, and psychologically available to their children in order to reduce the likelihood of father hunger and its negative sequelae.

The Father Hunger Scale could be used in clinical work as well as in future research. First, the Father Hunger Scale could be used as a screening tool in populations which are determined to be at risk, such as children of divorce, children being raised by a single mother, children in abusive homes, or children who have lost a father due to death. Second, the Father Hunger Scale could be used in therapy to assess family of origin issues and potential areas for therapeutic intervention. In both situations, clinicians could use the information gained from the scale to attend to the specific needs of a individual who is suffering from father hunger. Finally, the more that clinicians are able to learn about and understand father hunger and its negative effects, the better equipped they will be to work with their clients.

Study 2 provided support for the relationship between self-blaming and eating disorders. The relationship between self-blaming and eating disorders may provide a

women into the treatment of eating disorders. Eating disorders are known to be extremely resistant to treatment. It is not uncommon for an individual to remain in therapy for five or more years (Hirschman & Minton, 1975; Pipher, 1993). Perhaps, by focusing on self-blaming behaviors, using feminist empowerment theory, individuals will begin to overcome their symptomatic eating disorders. Specifically, psychologists may want to challenge women's internalized gender roles and the self-blaming they may apply for their behavior within romantic relationships.

Conclusion

In conclusion, fathers appear to exert a strong influence on the development of their children's psychological well-being. It is imperative that researchers and clinicians continue to examine the impact that father hunger has on children. The contemporary research suggests that for optimal development, fathers must be available to their children physically, psychologically, and emotionally. The relationship between father hunger and disordered eating is apparently neither direct nor simple. Further research is needed to elucidate the potential correlation. In contrast, research investigating the relationship between self-blaming and eating disorders is quite clear. There is a strong positive relationship between self-blaming and disordered eating.

Whereas the current research did not support the hypothesized connection between father hunger and eating disorders, it is important to recognize the trend noted in the literature. Clinicians have noted that father hunger is prevalent among women being treated for eating disorders and the study did not include that sample. Future research focusing on a clinical population may provide support for the relationship between father hunger and eating disorders. Until such research has been conducted, it would be unhelpful to

explore father-child relationships when working with a population suffering from eating disorders. The relationship between self-harming and eating disorders is obviously clear. Examining women in a social and cultural context (including that of the family) may provide an explanation for the high incidence of disordered eating and represent treatment for individuals suffering from disordered eating and self-harming.

APPENDIX A
INFORMED CONSENT LETTER, STUDY 1

My name is Jessica Baker and I am a doctoral student in Counseling Psychology. My supervisor is Dr. Dorothy D. Seidell. I am studying individuals' relationships with their fathers. Should you decide to participate, you will be asked to complete a questionnaire focused on your relationship with your father. The questionnaire will take approximately 20 minutes to complete.

Your participation in this project is completely voluntary. It is essential that all people decide to participate that you cannot make decisions honestly and to the best of your knowledge. Your responses will be completely anonymous so please do not put any identifying marks on your questionnaire. Each participant will be given a research code that will be used in place of his/her actual identity.

Your grade will not be affected if you do not participate. In exchange for your participation in completing the questionnaire, some instructors have agreed to give you extra credit towards your final grade (amount of extra credit to be determined by your professor). You do not have to answer any questions that you do not want to answer. You may stop at any point during the process. However, if you decide to participate, it will be important that you complete the questionnaire to the best of your ability. Incomplete surveys will be avoided.

In addition to the extra credit, other potential benefits are to increased awareness of your relationship with your father, and a better understanding of father-child relationships from a psychological perspective. There are no risks posed/only discomforts or inconveniences associated with participation in this study.

If you have any questions about the procedures or any of the items, please feel free to contact Jessica Baker at the University of Florida Department of Psychology, (352) 393-6634 x408. For questions regarding your rights as a research participant, contact the UFRS office, University of Florida, Box 112150 Gainesville, FL 32611-2058 (352) 398-8400.

Jessica Baker, MA

I have read the procedures described above, and I voluntarily agree to participate in this research study. I may receive a copy of this form by asking the experimenter.

Signature of Principal Investigator

Date

Signature of Participant

Date

Participant's name (printed)

APPENDIX B
INFORMED-CONSENT LETTER, STUDY 1

My name is Jessica Baker and I am a doctoral student in Counseling Psychology. My supervisor is Dr. Kimberly D. Howard. This has been selected to participate because you are a female college student. I am studying individuals' relationships with their fathers as well as identity in parents. Should you decide to participate, you will be asked to complete three questionnaires. The questionnaires will take approximately 15-20 minutes to complete.

Your participation in this project is completely voluntary. It is critical that if you do decide to participate that you answer each question honestly and to the best of your knowledge. Your responses will be completely anonymous so please do not put any identifying marks on your questionnaires. Each participant will be given a research identifier that will be used in place of their actual identity.

Your grade will not be affected if you do not participate. In exchange for your participation in completing the questionnaires, your instructors have agreed to give you extra credit towards your final grade (amount of extra credit to be determined by your professor). You do not have to answer any questions that you do not wish to answer. This may stop at any point during the project. However if you decide to participate it will be important that you complete the questionnaires to the best of your ability. Incomplete surveys will be discarded.

In addition to the possible extra credit, other potential benefits are an increased awareness of your own relationship with your father, knowledge about your identity in parents, and a better understanding of father/daughter relationships from a psychological perspective. There are no anticipated risks, discomforts, or adverse reactions associated with participating in this study.

If you have any questions about the procedure or any of the items presented here to contact Jessica Baker at the University of Florida Department of Psychology, (352) 392-8688 x488. For questions regarding your rights as a research subject, contact the UFIRB office, University of Florida, Box 112040, Gainesville, FL 32611-2040, (352) 392-6433.

Jessica Baker, PhD

I have read the procedure described above, and I voluntarily agree to participate in the research study. I may withdraw a copy of this form by asking the experimenter.

Signature of Principal Investigator

Date

Signature of Participant

Date

Participant's name (printed)

APPENDIX C
FATHER HUNGER QUESTIONNAIRE (STUDY 1)

In a few sentences please describe your relationship with your father while growing up.

Answer Instructions.

Think back to when you were a child. Think about the relationship that you had with your father or the person you considered your father. When completing the following, think about your relationship with your father, please keep only one person in mind. If you are not answering with regard to your biological father, please indicate in whom you are referring and why. Please do not include any items if you had no father whatsoever.

For each item, rate how well the statement describes your relationship with your father or your feelings about it. Record your answer by filling in the corresponding circle on the answer form. Use the following scale for the entire questionnaire:

1=not at all 2=a little bit 3=sometimes 4=adequately 5=generally 6=completely

1. My father was warm and caring
2. My father was able to comfort me
3. Even though my father was proud of me,
4. I could not live up to my father's expectations
5. My father was a strong source of encouragement for me

0=not at all 1=seldom 2=sometimes 3=regularly 4=generally 5=completely

6. I remember my father and I had been close
7. I had trouble getting my father's attention
8. My father would rather spend time with me than with others
9. My father and I had a close relationship
10. My father and I spent plenty of time together
11. My father loved me no matter what
12. My father was available for me emotionally
13. I knew more what my father thought of me
14. My father approved of me
15. I needed my father in approval of me
16. I felt like my father didn't love enough time for me
17. My father and I communicated well
18. As a child, I found myself wishing to spend more time with my dad
19. When I was younger, I tried extra hard to be good when my dad was around
20. When my father was around, I didn't want to share him with anyone else
21. I was afraid of my father judging me for who I was or did
22. I remember my dad often being in my thoughts
23. I wished that all of my dad's obligations and commitments would disappear, so he could spend more time with me
24. I found myself getting angry at people and things that distracted my dad from focusing on me
25. I wished that my dad found me as interesting as he did other people and things
26. I remember doing special things for my dad and honestly fully appreciating them
27. My father knew what I needed from him

Extremely at all Very little bit 2-sometimes 2-moderately 2-regularly 2-occasionally 2-sometimes

26. I worked hard to get my father's attention.
29. I hope that I will treat my children the way my father treated me.
30. My father was a loner much.
31. My father demonstrated his love for me.
32. I felt loved by my father.
33. My father chose to spend his free time with me.
34. My father forgets important dates in my life.
35. I got everything that I needed from my dad.
36. It hurts more than about the relationship that I had with my father.
37. It was hard to get my dad to really love me.
38. My father was not very affectionate to me (e.g., hugs, kisses).
39. I didn't get to spend much time with my dad because work was his first priority.
40. I was happy with the relationship that I had with my father.
41. I know it was a special day if I got to spend time with my father.
42. My father broke his promises to me.
43. I wish my father had been closer.
44. My dad let me down when I needed him the most.
45. My father never thought I was good enough.
46. My father had a good connection.
47. As I think about my relationship with my father I am content.
48. I missed my father when I was growing up.
49. I couldn't get close enough to my dad as the time we had together.

0=not at all 1=slightly bit 2=sometimes 3=regularly 4=frequently 5=completely

10. When I married my dad he would be there without question.

11. My father was involved in my day-to-day life.

12. I was jealous of others' relationships with their fathers.

13. Gender 0=Male 1=Female

14. Age (in years) 0=18 1=19 2=20 3=21 4=22 5= older

15. Ethnicity 0=Caucasian 1=Black American 2=Hispanic/Latin American
3=Asian American 4=Native American 5=Other

16. Mother's marital status 0=Married 1=Separated 2=Divorced
3=Remarried 4=Single 5=Widowed

17. Father's marital status 0=Married 1=Separated 2=Divorced
3=Remarried 4=Single 5=Widowed

18. Who did you live with when you were growing up? 0=Mother and Father
1=Mother only
2=Father only
3=Mother and Significant Other
4=Father and Significant Other
5=Other

19. What position did you hold in the family 0= oldest
1= middle
2= youngest
3= only

20. Did you have any brothers? 0=yes
1=no

APPENDIX D
FATHER HUNGDA SCALE (STUDY 1)

Survey Instructions:

Think back to when you were a child. Think about the relationship that you had with your father or the person you considered your father. When completing the following items about your relationship with your father, please keep only one person in mind. If you are gay, something really important to your biological father, please indicate to whom you are referring and why. Please do not to skip any items.

What biological father who/why?

For each item, rate how well the statement describes your relationship with your father or your feelings about it. Mark it your answer by filling in the corresponding circle on the response form. Use the following scale for the first 10 items:

0= not at all 1= a little bit 2=sometimes 3=adequately 4=generally 5=completely

1. My father was warm and caring.
2. My father was able to comfort me.
3. My father was a strong source of encouragement for me.
4. My father and I had a close relationship.
5. My father was available to me emotionally.
6. My father and I communicated well.
7. I hope that I will treat my children the way my father treated me.
8. My father demonstrated his love for me.
9. I felt loved by my father.
10. I was happy with the relationship that I had with my father.
11. My father and I had a good connection.
12. As I think about my relationship with my father I am content.
13. When I consider my dad he would be there without question.

APPENDIX B THE SILENT THE SELF SCALE

For each of the following items please fill in the circle on the response form that best corresponds to the extent to which you agree with the item.

Strongly Disagree	Somewhat Disagree	Neither Agree/Disagree	Somewhat Agree	Strongly Agree
1	2	3	4	5

- (1) I think it is best to put myself first because no one else will look out for me.
- (2) I don't speak my feelings to an intimate way when I know they will cause disagreement.
- (3) Caring means getting the other person needs at least at my cost.
- (4) Considering my needs is far as important as those of the people I love or affiliate.
- (5) I find it as harder to be myself when I am in a close relationship than when I am on my own.
- (6) I tend to judge myself by how I think other people see me.
- (7) I feel dissatisfied with myself because I should be able to do all the things people are supposed to be able to do these days.
- (8) When my partner's needs and feelings conflict with my own, I always mine my needs clearly.
- (9) In a close relationship, my responsibility is to make the other person happy.
- (10) Caring means allowing to do what the other person wants, even when I want to do something different.
- (11) In order to feel good about myself, I need to feel independent and well-sufficient.
- (12) One of the worst things I can do is be selfish.
- (13) I will have to act in a certain way to please my partner.
- (14) Instead of making noncommittal or close relationships, I would rather not make the bond.
- (15) I speak my feelings with my partner, even when it leads to conflicts or disagreements.
- (16) Often I look happy, even though the inside feel awfully I feel angry and rebellious.
- (17) In order for my partner to love me, I cannot reveal certain things about myself or himself.

Strongly Disagree	Disagree Disagree	Neither Agree/Disagree	Agree Agree	Strongly Agree
1	2	3	4	5

- 18) When my partner's needs or opinions conflict with mine, rather than creating my own point of view I usually end up agreeing with him/her
- 19) When I am in a close relationship I lose a sense of who I am
- 20) When it looks or feels like some of my needs are ignored in a relationship, I usually realize that they weren't important anyway
- 21) My partner loves and appreciates me for who I am.
- 22) Doing things just for myself is selfish
- 23) When I make decisions, other people's thoughts and opinions influence me more than my own thoughts and opinions
- 24) I rarely experience anger at those close to me.
- 25) I feel that my partner does not know my real self
- 26) I think it's better to keep my feelings to myself when they do conflict with my partner's
- 27) I often feel responsible for other people's feelings
- 28) I feel a need to know what I think and feel because I spend a lot of time thinking about how other people are feeling.
- 29) I try to bury my feelings when I think that they will cause trouble in my close relationships
- 30) I never seem to measure up to the standards I set for myself
- 31) If you measured the last question with somewhat or strongly agree, please list up to three of the standards to which you don't feel you measure up

APPENDIX F EATING DISORDERS INVENTORY

Please rate the following items according to how often they are true of you. Base your answers on the *past two* (not

Always 1	Usually 2	Often 3	Sometimes 4	Rarely 5	Never 6
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1. I eat vegetables and carbohydrates without feeling nervous.
2. I think that my stomach is too big.
3. I wish that I could return to the security of childhood.
4. I eat when I am upset.
5. I punish myself with food.
6. I wish I could be younger.
7. I think about starving.
8. I get frightened when my feelings get too strong.
9. I think that my thighs are too large.
10. I feel confident as a person.
11. I feel extremely guilty about overeating.
12. I think that my stomach is just the right size.
13. Only outstanding performance is good enough in my family.
14. The happiest time in life is when you are a child.
15. I am upset about my feelings.
16. I am troubled by gaining weight.
17. I trust others.

Always	Usually	Often	Sometimes	Rarely	Never
1	2	3	4	5	6

18. I feel alone in the world.
19. I feel satisfied with the shape of my body.
20. I feel generally in control of things in my life.
21. I get confused about what emotions I am feeling.
22. I would rather be an adult than a child.
23. I can communicate with others easily.
24. I wish I were someone else.
25. I am aggressive or negatively the importance of my weight.
26. I am clearly feeling what emotions I am feeling.
27. I feel inadequate.
28. I have good or strong feelings when I have felt that I could not stop.
29. As a child, I tried very hard to avoid disappointing my parents and teachers.
30. I have close relationships.
31. I like the shape of my hands.
32. I am preoccupied with the desire to be thinner.
33. Even if I have what is going on inside me.
34. I have trouble expressing my emotions to others.
35. The demands of relational are too great.
36. I have been less than happy or change.
37. I feel secure about myself.
38. I think about keeping (or wanting)

Always 1	Usually 2	Often 3	Sometimes 4	Rarely 5	Never 6
-------------	--------------	------------	----------------	-------------	------------

- 20 I feel happy that I am not a child anymore
- 40 I get confused as to whether or not I am hungry
- 60 I have a low opinion of myself
- 42 I feel that I can achieve my standards
- 60 My parents have expressed confidence of me
- 46 I worry that my feelings will get out of control
- 48 I think that my legs are too big
- 46 I act modestly in front of others and stuff myself when they are gone
- 47 I feel blushed after eating a small meal
- 44 I feel that people are happier when they are children
- 49 If I just agreed, I worry that I will keep getting
- 30 I feel that I am a worthless person
- 31 When I am upset, I don't know if I am sad, depressed, or angry
- 32 I feel that I want to things perfectly or not do them at all
- 33 I have the thought of trying to vomit in order to lose weight
- 34 I stand in long people at a certain distance (I feel uncomfortable if someone tries to get too close)
- 32 I think that my legs are just the right size
- 34 I feel empty inside (emotionally)
- 37 I can talk about personal thoughts or feelings
- 34 The best years of your life are when you become an adult
- 49 I think my feet are too large
- 44 I have feelings I can't quite identify

Always 1	Usually 2	Often 3	Sometimes 4	Rarely 5	Never 6
-------------	--------------	------------	----------------	-------------	------------

41. I eat or drink or smoke

42. I think that my legs are just the right size.

43. I have extremely high goals

44. When I am upset, I worry that I will start eating

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BIOGRAPHICAL SKETCH

Jessica-Dina Baker was born in San Jose, Costa Rica. Shortly after her birth her family moved to Montreal, Canada and then to Petoskey, Maryland where she grew up. Her father earned his Doctor of Philosophy in Political Science from the University of Florida and recently retired from his position as Chief Executive Officer for the World Council of Credit Unions. Her mother earned her Master of Arts in English from the University of Florida. Currently she works for women's health rights in the Washington, D.C. area. Jessica graduated from Winston Churchill Senior High School in 1989.

In 1993, Jessica graduated with high honors from Colby College with a Bachelor of Science degree in Psychology and a minor in Women's and Gender Studies. In 1997, she earned her Master of Arts degree in Counseling and Human Development from the University of Georgia. She entered the Counseling Psychology program at the University of Florida in 1997. She is scheduled to complete her Ph.D. in 2004. Upon graduation from the University of Florida, Jessica plans to follow an academic/counseling career and pursue research in the areas of eating disorders, attachment, and student development and adjustment.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy


Dorothy Pettit, Chair
Professor of Psychology

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy


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This dissertation was submitted to the graduate faculty of the Department of Psychology in the College of Liberal Arts and Sciences and to the Graduate School and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy

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